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NO. I.

THE ROBERTS LYMPH TREATMENT.

Its Nature, Action and Uses.

By JOSEPH R. HAWLEY, M. D. formerly Professor of Practice of Medicine Chicago Clinical School.

Historical.—Nearly thirty years ago Dr. B. F. Roberts of Green City, Mo., conceived the idea that the lymphatic system of animals possessed therapeutical principles. Physiology taught him the powerful reconstructive and defensive functions of this system, and he believed that the lymph of lower animals would act as a powerful tonic to cell life if it could be safely injected in the human body.

He selected senility as the best condition to test the merit of his theory, in view of the fact that old age is due to impaired structure or function of cells. If, therefore, the lymph could remove some of the effects of senility it would likewise be able to cure or greatly benefit many chronic diseases whose pathology is due to the results of impaired function or structure of cells.

To demonstrate his theories he proceeded to treat senility in man and in various lower animals with injections of pure lymph taken from the Rocky Mountain goat. He selected this goat because of the unusual development of his lymphatic system and his unusual healthfulness and hardiness. He found he could keep the lymph two days by mixing it equally with a solution 90 parts distilled water and 10 parts of alcohol. He injected five to six drops of this mixture twice a day for thirty or forty days in many well marked cases of senility. Without exception the old men became stronger, more supple, of better facial expression and color. Lost sexual power was restored in two cases and the symptoms of a severe prostatitis were removed in two other cases. These cases were treated before the days of asepsis and he was soon forced to discontinue the treatment of human beings because of local infections. He had, however, proved that he could accomplish a good deal in the treatment of senescence.

During the years of his experiments with various methods of preparation he continued to treat animals with the plain lymph and to examine their tissues before and after treatment. He very soon added bull's and goat's semen to the lymph and found it decidedly synergistic. It was from the results of these animal treatments that he established the accuracy of his theories, and by which he was encouraged to persevere in his efforts to prepare the lymph so as to avoid local insult and to keep it indefinitely in an active condition. The results of his animal experiments are detailed in the article entitled "A Demon-

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stration of the Roberts Theory of Animal Therapy." In brief, they proved that the lymph would alter bone structure and remove the excess of salts in the bones of the aged, increasing blood vessels and gelatin; that fatty infiltration and degeneration in the heart muscle and voluntary muscle could be largely removed; that fatty degeneration of blood vessels could be almost entirely removed, and that the animals would become more active, less dyspnoëic, stronger and of greatly improved appearance. In the early part of 1897 Roberts had perfected his present method of preparation by which he could maintain the lymph and organic extracts in an active condition (therapeutically) for an indefinite period. His final product was a lymph compound with the following formula:

1. Entire contents of thoracic duct, receptaculum chyli and lymphatic glands of a five and a half months' old Rocky Mountain goat, extracted before death.
2. Entire contents of testicles of one year old goat and of two and a half years old bull, taken before death.
3. Extracts from lymphatic glands, taken before death, of five and a half months old goat.
4. Extracts from cervicle cord, pons Varolii, and from the testicles of a five and a half months old goat, taken immediately after death. The menstrum is filtered carbon water and blood serum.

The ingredients of the Lymph are first purified by fumigation in a cylinder retort, and are then placed in a small vacuum from which they pass through a series of glass tubes to a larger vacuum. While in the tubes the ingredients are again purified by antiseptic gases. In the large vacuum the compound is completed by fixation with heavy air pressure, sterilized air being let into the vacuum for this purpose. The only antiseptic principle in the compound is the lymphatic extract. This extract as prepared by the Roberts process possesses decided bactericidal properties. The Lymph Compound is injected once or twice a day for twenty to ninety days, according to the severity of the disease or condition treated. An adjuvant is given by the mouth in drachm doses four times a day, consisting of preserved cells and serum of goats' blood and an extract from the prepuccial gland of the Russian beaver, combined with aromatic bitters. This adjuvant is used in nutritional diseases and acts as an assimilative and aids nutrition during the action of the Lymph on cell function and structure. Patients taking the treatment are carefully dieted and urged to live a hygienic life.

After completing his method of preparation Dr. Roberts and other physicians used the treatment in Missouri and Iowa from February, 1897, to November, 1898. He found that the results he had obtained with the pure lymph were far inferior to those obtained with the prepared Lymph Compound. During this period nearly 600 patients were treated and in no case was a failure to greatly benefit recorded, while over 70 per cent were completely cured. The diseases treated were chiefly chronic articular rheumatism, chronic neuralgia, locomotor ataxia, hemiplegia, spastic paraplegia, nueritis, progressive muscular atrophy, primary dementia, imbecility, epilepsy, chorea, nerve ex-

haustion, sexual impotence, spermatorrhea, tuberculosis, arterial sclerosis, senile prostatitis and interstitial nephritis. Over 100 cases of senility were treated and the following results were invariably secured:

Marked increase of agility, physical strength and endurance; improved heart's action and superficial circulation, and marked betterment of sclerosed arteries; complete cure (with but few exceptions) of senile prostatitis, frequent restoration of sexual power, a decided improvement of the mental faculties and a brightening of the facial aspect.

In December, 1898, Dr. Roberts came to Chicago and placed his discovery in the hands of Dr. Joseph R. Hawley, then professor of practice of medicine in the Chicago Clinical School. Dr. Hawley offered to introduce the treatment to the profession if he could verify the experimental and clinical results reported by Dr. Roberts.

Competent physicians were sent to Missouri and Iowa and found the results to be even more remarkable than Dr. Roberts had reported. They also found no evil effects of the treatment and that no relapses had occurred. The patients almost universally stated that the beneficial effects of the Lymph had not only been permanent, but even progressive after cessation of treatment.

At the end of three and a half months Dr. Hawley reported results in thirty-two cases. Many of these cases are reported in this publication. The diseases treated were chronic articular rheumatism, locomotor ataxia, aortic stenosis, myocarditis and angina pectoris, senile prostatitis, epilepsy, neurasthenia, chronic gonorrhea, impotence, spermatorrhea, interstitial nephritis, anemia and tuberculosis. Eighteen of the patients were over 65 years of age. Twenty-one of the cases were entirely cured and the balance were practically free from subjective symptoms, and most of the objective symptoms were removed. His results in removing many of the physiological and anatomical changes in senility were nearly as remarkable as those of Dr. Roberts. He corroborated the animal experiments of Roberts, as is elsewhere recited.

PHYSIOLOGICAL ACTION AND THERAPEUTICS.

July 15, 1899, Dr. Hawley announced the following physiological action and therapeutical value of the Lymph, based on animal experiments and clinical observation.

General.—Animal experiments and clinical observation have demonstrated that the Lymph corrects impaired or weakened cell function and removes many of the results of this condition, especially retarded nutrition, and infiltration, degeneration, atrophy and exaggerated growth of connective tissue. The Lymph is decidedly anti-rheumatic and has completely cured over 85 per cent of chronic articular rheumatism cases, the majority of which were in advanced stages.

1. Brain.—It is a stimulant hypnotic and decidedly improves memory, clearness of thought and concentration. It removes cerebral congestion by producing a tonic dilatation of cerebral vessels and strengthening the heart's action. Therapeutics: Functional diseases and those due to moderate degrees of overgrowth of connective tissue, adhesions, degenerations, thrombosis and pressure from hemorrhage or gummata.

Mental Diseases.—Out of sixteen cases treated nine were completely cured and four greatly benefited. The following diseases were treated: Primary dementia, imbecility, melancholia, first two stages of paresis and insanity of the menopause and old age.

2. **Spinal Cord.**—A mild excito-motor and stimulates reflex action. Therapeutics: It removes degenerations of posterior column, lateral and pyramidal tracts. Diseases of the anterior horn of gray matter have been cured or greatly benefited in 40 per cent. of cases.

3. **Peripheral Nerves.**—It stimulates nerves of special sense. It is not an analgesic, but removes pain when the cause can be removed by the Lymph's action. Neuritis and neuralgia have so far been cured in nearly every instance. It removes anæsthesia and paræsthesia in certain diseases.

Functional Nervous Diseases.—The following have been completely cured in a large majority of cases: Epilepsy, chorea, hysteria and neurasthenia, occupation neuroses, nerve exhaustion and neuralgia. Paralysis agitans has been benefited, but rarely cured.

4. **Genital Apparatus.**—It is a mild aphrodisiac and has cured sterility in women, caused by metritis or functional inaction of ovaries. In males it has rarely failed to cure seminal vesiculitis, testicular atrophy and impotence. Therapeutics: Impotence unless caused by deformity or advanced paralysis, specific urethritis, tuberculosis of testicles, prostatitis. Females: Congestion of pelvic viscera, relaxation of ligaments, metritis and vaginitis. Certain forms of sterility.

5. **Kidneys.** It increases amount of urine and solids by increasing blood pressure and stimulating the parenchyma of glomeruli and tubules. Therapeutics: Interstitial and non-albuminuric nephritis and congestion of kidney. A few cases of parenchymatous nephritis, amyloid kidney and pyelitis have been cured.

6. **Stomach and Bowels.**—It increases the secretion of pepsin and has no effect on intestinal ferments. It greatly improves the motor functions of stomach and bowels, through its action on the nervous system and its improvement of unstriated muscular fiber. Therapeutics: Dilatation and chronic catarrh of the stomach, atonic dyspepsia and chronic enteritis with diarrhoea or constipation. Colitis is less markedly improved. Two cases of tubercular enteritis have been cured.

7. **Heart.**—It increases force of systole and slightly increases rate, by its action on automatic ganglia and its improvement of heart muscle fiber. Therapeutics: Myocarditis, asystolic heart of the aged, fatty degeneration and infiltration, stenoses of heart valves, angina pectoris, secondary dilatation and cardiac neuroses.

8. **Blood Vessels.**—It causes a tonic dilatation of peripheral vessels, probably by mild stimulation of vaso-dilator center and improving tone of unstriated muscle fiber. Therapeutics: Arterial sclerosis, small aneurisms, poor peripheral circulation and relief of heart fatigue or exhaustion.

9. **Blood.**—It increases number of red cells and percentage of hæmoglobin.

Stimulates function of white cells and slightly increases their number. Therapeutics: Secondary anæmia. Contra-indicated in leucocytosis.

10. Lymphatic System.—It increases the amount of lymphocytes, fat cells and plasma. Therapeutics: Lymphatic disease and tubercular adenitis.

11. Skin.—It stimulates its excretory function to a moderate degree, improves the quality of the skin and circulation in the chorium. Therapeutics: Chronic eczema, psoriasis and indolent ulcers.

11. Eyes.—It increases visual power in many cases. In large doses dilates the pupil. The eyes of the aged become more prominent and the sclerotic becomes clear. It has cured two cases of optic atrophy.

13. Septic Processes.—Septic lesions which can be kept clean, or which can be aspirated, have been invariably cured. Abscesses have been aborted in four cases. The Lymph Compound has decided bactericidal properties by virtue of the lymphatic extracts. It also stimulates phagocytosis and has cured 80 per cent of incipient cases of tuberculosis. Also chronic gonorrhœa, fistulæ, ulcers and empyema after aspirating. The effects of tertiary syphilis have been removed in over 90 per cent of cases.

14. Senility.—Its action here is due to the improvement of the function and structure of cells. It removes the physiological changes of senility, i. e., impaired function of cells and retarded nutrition. It removes many of the anatomical changes, i. e., atrophy, degeneration and infiltration, and exaggerated growth of connective tissue.

Its action in the degenerative, atrophic and interstitial diseases above described is due to its action on cell life.

THE ROBERTS-HAWLEY LYMPHS.

1st. Roberts-Hawley "Special Lymph." Contains eight times as much lymph as the Roberts product; contains six times as much semen as the Roberts product. Otherwise the same except the addition of extracts of spleen pulp, extracts of bulls' and goats' testicles and extracts of medulla oblongata.

2d. Roberts-Hawley "Mental Lymph." Same as Roberts Lymph except three times as much lymph, eight times as much semen, taken entirely from globus major and minor of goats' and bulls' testicles; extract of medulla pons and gray matter of brain of goat; extract of bulls' testicles.

Three other Lymphs are being studied experimentally and clinically. A summary of the experiments and clinical results with Roberts-Hawley Lymphs show the following:

1. Both have more decided action on the nervous system and in degenerative diseases.
2. They act almost immediately, results invariably appearing on the second day.
3. They are chiefly useful in the diseases which respond slowly or not at all to the Roberts Lymph.
4. They are decidedly tonic in effect, especially in functional and organic nervous diseases, and are more hypnotic.
5. They act more powerfully on degenerated or dilated hearts.

6. They must be diluted with boiled distilled water 50 per cent.

7. They must be begun in three drop doses and gradually increased to four, seven or eight drops. Ten drops is a maximum dosage.

The Lymphs are sold to physicians of good reputation and ability. Most of the physicians come to Chicago for their instructions in the formulas, action and uses of Lymphs, although the instructions can be conveyed by mail when physicians furnish evidence of their reputation and medical education.

About 130 physicians of excellent reputation and ability are now using the Lymphs in various parts of the United States and about six physicians are now applying each week.

Competent physiologists are assisting Drs. Roberts and Hawley in the preparation of new Lymphs and the modification of those now in use.

The Lymphs are sold at a very small profit and no royalties are asked from the physicians using them. Physicians lose their right to the use of the Lymphs if they disobey the code of ethics recognized by the medical profession.

3515 Grand Boulevard, Chicago.

THE ACTION OF THE ROBERTS LYMPH IN SENILITY AND CHRONIC DISEASES.

Clinical Observations of DR. A. L. FLANDERS of Boston, Mass.

To Dr. Joseph Hawley, Medical Director.

Dear Doctor:—In answer to yours of recent date, requesting statement of facts, and my opinion of the Roberts Lymph Compound, and results of its use in the treatment of certain incurable diseases—or such as physicians have previously considered incurable—I am pleased to state I have noticed, to a greater or less degree, in all cases irrespective of the disease for which the patient was being treated, the following results: A remarkable change in facial expression. This change, as you know, is difficult to describe with words, and in the cases in mind should be seen to be appreciated.

Shrunken, anxious faces; faces expressive of pain; faces with wrinkled, parchment-like skin; others with inelastic skin and flabby fat hanging in "passive" folds; cheeks with many dilated capillaries and venules—all have, within forty days, been remarkably altered. Pallor has been replaced by a more healthful rosy hue. Wrinkled, parchment-like skins have become soft, smoother and elastic, with superficial circulation greatly improved. Flabby folds in the cheeks and œdematous (watery) eyelids have actually become smooth and normal, probably through the increase of new elastic tissue and oxidation of old useless fat. The œdema of eyelids and dilated blood vessels has been improved as a result, no doubt, of the tonic effect of the Lymph upon the muscular layer of blood vessels, including increased strength and tone of the heart muscle.

Muscular strength has been increased in all cases, demonstrated positively by mechanical tests, also by the statements of the patients, and likewise by their vigor and agility in walking and stair-climbing.

The action of the Lymph on involuntary muscle fiber is also observed in the marked improvement of dilated stomachs, due to weakness or sluggishness of the motor function or scientifically expressed "neuro-muscular atony." It

is also seen, though less markedly, in the restoration of peristalsis, in intestinal atony.

The depressed mental state of some of the victims of the painful chronic diseases, such as rheumatism, and in certain chronic organic diseases of the heart, has been greatly improved—in some instances even before any marked progress had been made toward the cure of the disease. This change I have noticed in two cases in particular; one of these patients said to me on the fourteenth day of treatment: "I cannot seem to get the blues any more."

The ability to concentrate the faculties and the increased memory, the clearness of thought, the dissipation of mental weariness or "brain fog" is a most happy combination of improvements to note in some of these patients.

A word about collections of waste products, worn out tissues, deposits of various inorganic salts and other elements which produce retarded nutrition and evidence impaired cell function; also poor elimination from the skin, kidneys and bowels; hardening and inelasticity of arteries leading to enlargement and later dilation of heart, with heart fatigue or exhaustion, deficient supply of blood to various organs and tissues, apoplexy and paralysis; thickening and swelling of peri-articular and joint structures producing pain and limitation of motion or stiffness.

The presence of some of these conditions signifies the incidence of old age, even though they appear as early as the fourth or fifth decade of life. The Lymph possesses wonderful power over these conditions, removing calcareous deposits from, and increasing muscle fiber in, the arteries, giving them "vital rubber" as it were. It removes deposits and thickening around joints, thereby allowing freer motion and relieving pain. It stimulates cellular activity in the kidneys, removing parenchymatous and interstitial changes and clears away obstructions in the tubules, allowing elimination of excrementitious materials which poison the nervous system. It is by this very action that the symptoms and conditions found in chronic Bright's disease are, by the Lymph, made to disappear. This is especially true in degenerative conditions.

Impaired or lost power of certain physiological functions has been benefited early and continued to improve in most cases to the extent of complete restoration. This seems to me to be due more to a general systemic increase of cellular vigor and vitality than to any selective action of the Lymph on any particular function.

I can positively assert that I have obtained results with the Lymph in a few weeks in well-defined chronic diseases, and in persistent symptomatic disturbances with obscure underlying causes, which I had been unable to benefit even in the slightest degree with the usual methods of therapeutics.

No case treated has failed to show in some way marked beneficial effects.

111 School Street, Boston, Mass.

CLINICAL RESULTS WITH THE ROBERTS LYMPH COMPOUND.

By O. K. THOMPSON, M. D., 124 Lafayette Ave., Detroit, Mich. Read before the American Animal Therapy Association at its first meeting, held in New York, September 30, 1899.

My personal acquaintance with the Roberts Lymph treatment dates from a visit made to the home of Dr. B. F. Roberts in Green City, Mo., during the latter part of last February.

While there I interviewed about one hundred people who had taken a course of the treatment, and all but one man claimed to have been greatly benefited and many reported themselves cured of diseases that have for years been known as incurable.

Some of the statements made by the patients who claimed to have been cured I found difficult to believe, but careful investigation invariably revealed the accuracy of their statements.

Two of the local physicians whom I interviewed told me that after ignoring the treatment for a long time they at last were compelled to enthusiastically indorse it.

The work of Dr. I. M. Roberts of Milan, Mo., (whom I next visited) was fully as satisfactory as what I found in Green City. A very careful and critical investigation here convinced me that the treatment was unusually meritorious and that its field of usefulness was a very large one. My personal experience with the use of the Lymph has more than justified my first opinion of its merits.

I have successfully treated many severe chronic diseases that have hitherto been considered hopelessly incurable, and in no instance have I failed to greatly benefit or completely cure them.

When I first began to use the Lymph in Detroit I encountered a good deal of conservatism and received but little help from my brother practitioners. I am happy to say that inside of three months my work here has entirely altered the attitude of the profession toward the Roberts treatment. I was compelled to accept some of the most severe and apparently hopeless diseases for my first cases, and the results were so satisfactory that many of our physicians have called to investigate the work, and five of them are sending me cases. Two of the cases I shall report are still under treatment.

My first case was one of Huntington's chorea of twenty-three years' standing, complicated with an extensive consolidation of the upper lobe of the right lung, following a pneumonia twelve years ago. My experience the first twenty-three days with this case would have discouraged me had I not realized the extreme severity and chronicity of the disease. I had also the encouragement of having seen similar diseases cured in Missouri. During the first three and a half weeks he did not improve in any way and the disappointment made him more "nervous" than before treatment. The dose was reduced in hopes that it would correct the trouble, but no apparent change was noticeable until the night of the twenty-seventh day.

Patient reported that the preceding night he was free from all symptoms of disease for the first time in twenty-three years. This improvement continued until the sixty-third day, when he had a return of the twitchings for three days, but only in a very mild form.

This relapse followed a severe diarrhea which prostrated him during the extremely hot weather. Since that time he has been sound and well and the area of consolidation has been lessened at least one-half. Patient's eyesight, which had been failing for some years, has become perfectly normal. He gained markedly in strength, endurance and agility. His sexual power was

restored and his entire appearance has decidedly improved. No relapse has occurred.

I have had six cases of locomotor ataxia under treatment. This collection of cases presented about all the symptoms found in this disease. Every case has made decided and wonderful improvement.

First case, age 43; twelve years' duration. Symptoms: Romberg, Argyll-Robertson pupil, lateral vision greatly diminished in both eyes, diplopia, lancinating pains and gastric crisis, reflexes absent, marked incoordination and absolute loss of sexual power. I gave him eight drops of the Lymph twice a day, sixty days.

Results: Diplopia disappeared at the end of fifth day. Pain gradually grew less severe, and from August 1 to September 22 was free from pain. On the latter date patient attended his mother's funeral and contracted a very severe cold. The pain lasted a few days and then disappeared and has not since returned. No incoordination since twentieth day. No Argyll-Robertson pupil, but knee jerk is still absent. Sexual function now in evidence, first time for six years. Case has gained twenty-five pounds in weight in seventy days.

Two cases, aged 36 and 47. Four and twelve years' duration of disease. Both had diurnal enuresis, very severe pain, great loss of weight, Romberg symptom, Argyll-Robertson pupil, knee jerk absent and loss of sexual power. In younger case the incoordination was very pronounced, but less marked in older case. The young man was unable to walk when he first came to see me. His vision was 3-20 and lateral vision almost nil in both eyes. These two cases are classed together because they present so many symptoms in common. An exostosis on the right femur in the younger case has almost entirely disappeared. It was about the size of a hen's egg. Several physicians had advised the removal of this tumor.

Results: The enuresis in both cases was stopped within ten days. Pains have gradually grown less and have now been absent twenty days. The younger man now walks without any assistance and his gait is rapidly becoming normal. Since the fortieth day I have educated him to control his movements and the exercises prescribed are enabling him to rapidly regain coordination. He can now walk well in moderate darkness. The vision is now normal and patient has gained in weight ten pounds. These two cases have partially regained sexual power. No Romberg symptom remains.

The older man is improved in every way, his knee jerk is restored and he is now able to attend to his work at the desk without any interruption. He is practically cured. Incoordination in this case has never been very pronounced and never constant.

Two cases, aged 43 and 46. The one case is of long standing and both have moderate incoordination of lower extremities. In both the gait is somewhat impaired. One has marked anæsthesia in both legs. Pains in both very severe. Both have greatly lost in weight. The lateral vision in both cases impaired; one has diplopia; the other has lost the use of the left eye, due to atrophy of the optic nerve.

The diplopia case has received 108 treatments, but no change has been

made in his double vision. In all other respects his case has greatly improved. He has gained in flesh and strength. No pain or incoordination. Anæsthesia has almost entirely disappeared from the legs.

The other case has had sixty-three treatments and is very greatly improved. Pains have almost ceased and when they do occur they are mild and last only a short time. Has been enabled to sleep every night but two since commencing the Lymph treatment. Before the treatment he could sleep only after using opium. This drug was immediately withdrawn without any reaction. The Argyll-Robertson pupil is not present and his vision is normal.

The last case, aged 49 years, is one of ten years' standing. No incoordination, no loss of sexual power, very severe pain and gastric crises, Argyll-Robertson pupil, lost reflexes, the Romberg symptom, and irregular areas of anæsthesia. This case has tried almost every known treatment without relief. The only known means for the relief of the gastric symptoms was grain doses of morphine. At such times the ataxic pains were unusually severe. He had used morphine a long time.

The first ten days of treatment patient had two such attacks; since then has been free from them, and to-day, the twenty-sixth day, he told me that he had been free from all pains for two weeks. This case has been using one grain of morphia a day for several months. I reduced the dose of same at once and withdrew the opiate on the seventh day. The anæsthesia is entirely removed.

This morning four of the ataxia cases were in at the same time and were telling each other how well they were.

I wish it were possible for some of the skeptics to interview and examine my group of patients.

It is a very pleasant experience for a physician who has followed the usual practice in such cases to hear the patients say to him almost daily, "Doctor, I am worse or no better," and then to use the Roberts Lymph and after thirty days' treatment hear the patients without exception say that it is the only treatment that ever gave them relief, and at the end of sixty or ninety days to discharge many of them completely cured.

I have only had one case that was not greatly benefited by the ordinary Lymph. This was a case of paraplegia in one of our own profession. This case received forty-five days' treatment, but there was no marked improvement in his condition. I then used the Roberts-Hawley Lymph, the results of which I will report later on. The patient has a specific history and is well nourished.

I am now treating a boy six years old with spastic paraplegia of three year's standing. This patient lost the use of limbs following an operation by an orthopædic surgeon for toe drop. He severed the tendo Achilles in each leg. He has had some fifty treatments and has greatly improved. Has gained ten pounds in weight and can with a little support stand and take about fifty steps. The spastic condition is entirely cured. I am positive of securing a practical cure.

A case of unusual interest is one of neurasthenia sent me by one of our

prominent physicians who is a brother of the patient. The case is one of three years' standing and had been treated by some of the best men here. Patient could not be left alone owing to her mental state. Complete anæsthesia of right side, and one of the prominent neurologists here predicted an early paralytic stroke. This case received seven minims twice a day at first, but dose was found too large and I reduced it to five minims. The reaction from larger dose was quite marked. It is the first idiosyncrasy I have encountered. Patient made a rapid recovery in less than thirty days. Is now manager of a department for a large insurance business and has worked every day since the twenty-fifth day of treatment. Her anæsthesia and other symptoms have disappeared. She has gained twenty pounds.

A case of what was diagnosed gumma of the brain with softening of gray matter was sent me by a brother of the patient last mentioned. This patient has a history of a primary lesion twenty years ago. Age 62, arterio-sclerosis very extensive. Patient's speech was very bad and he could only shuffle his feet about five inches at a time. This case has shown wonderful improvement. The speech has improved until it is as good as normal, and after fifty days' treatment the patient can walk with a good step, a thing he has not been able to do for five years. The arteries are straightened and are softening very rapidly and many symptoms of senility are disappearing.

A case of senility in a woman aged 68 who has had only forty-five treatments has shown wonderful improvement. She says her movements are freer and easier than they have been for ten years. The arterial sclerosis is much better and the insomnia has been cured.

I am now treating, and have been for forty-seven days, a case of rheumatoid arthritis. A female aged 30. Disease first made its appearance four years ago. Deposits were very extensive and firm and involved a number of joints. She had little or no use of legs or hands. The first effect of the treatment was to make the patient's joints sore, so much so that she was compelled to use crutches. This soreness rapidly disappeared. The deposits are fast disappearing and those about the wrists have entirely disappeared. The first effect of treatment other than soreness was to soften the deposits, and then they began to absorb. The movement in joints is improving every day. We all feel greatly encouraged over the progress up to date. She can use her hands and limbs a great deal.

One case of rheumatism in a man aged 60 with a deposit around right knuckles is completely cured and the deposits entirely absorbed. Valvular lesion (mitral insufficiency), complicating this case, has greatly improved. His heart was exhausted when he came to me but it is now perfectly compensated. Case was treated fifty days.

Case of progressive muscular atrophy of four years' standing. This case was treated forty-five days, when he was compelled to resume his work as a commercial traveler. Patient had lost use of right arm and all muscles around right shoulder joint. The deltoid and other muscles in this region could not be outlined. Some use of forearm and hand still remained. The left arm and shoulder were somewhat involved.

The treatment greatly benefited this case and could he have continued treatment I am sure the cure would have been complete. He made some noticeable improvement every day of treatment. The right arm two and a half inches from the shoulder-joint had increased two and a half inches in circumference and the shoulder two and three-quarters inches. All his muscles could be outlined. On the twenty-fifth day patient could use his arm for the first time in eighteen months. The patient called upon me two weeks ago and I found he had continued to gain since quitting treatment. He hopes to begin treatment again December 15th, although he is now practically cured.

My anxiety for early and rapid results led me to administer too large doses of Lymph at first. I endeavored to reach the maximum dose about the third day. I have learned by experience that the large doses are not often necessary and I seldom try to reach the maximum dose except in unusually severe conditions.

My best results are now obtained when I use from five to eight minims at a dose. The interruption of treatment every seventh day in certain cases, as suggested by Dr. Hawley, I have found very helpful on many occasions. When I was giving large doses my patients complained of too great weakness.

I have rarely used any side treatments. The results I have met with have been far beyond my most sanguine hopes.

The only unpleasant symptoms following the use of the Lymph, excepting the weakness before spoken of, I have always been able to trace to some violation on the part of the patients of the rules of diet and hygiene.

Several cases have had disagreeable symptoms develop when they exceeded the diet prescribed, but one such experience was usually enough to cause them to be careful in future. We cannot be too careful in selecting the diet ourselves and giving it to our patients in black and white. I am well assured that errors in diet retard the progress very materially.

I believe I have passed the hardest part of my work here and from now on will receive from the profession at least their respect if not their active cooperation.

Many doctors have been kind enough to send me cases and almost every week I hear of some favorable remark that has been made by some of the medical profession.

Results with the Roberts-Hawley Lymph. I have used this Lymph fifteen days on the following cases. I will report them more fully after treatment is finished.

No. 1. Primary dementia, marked arterial sclerosis, pre-senility and myocarditis. Male, aged 63. His speech was thick and unintelligible and his legs were so feeble that he could scarcely walk. On the fifteenth day his speech is nearly normal, he recognizes his friends and takes an interest in the events of his life. He had not read for two years, but now is reading the papers every day. He can walk very much better and is only slightly fatigued after a six blocks walk. His heart was irregular and very feeble, but now is very much stronger, though still irregular. He began to improve rapidly on the second day. I shall treat sixty-five days more.

No. 2. Multiple sclerosis and optic atrophy. On the fifteenth day the scanning speech and nyastagmus have entirely disappeared. The incoordination in his arms is a good deal better. He has gained decidedly in strength. Knee jerk still exaggerated and formications only slightly improved. He was only able to see outlines of objects indistinctly, but now can see them more plainly and can distinguish individuals and large print. His satisfaction is very gratifying. He also has gained since the second day. I plan to treat him two months.

No. 3. Spastic paraplegia. The case which I had not been able to improve with the ordinary Lymph has gained a great deal with fifteen days' use of the special Lymph. His gait is now nearly normal and the spastic condition is entirely absent. His incontinence of urine is controlled almost entirely. The knee jerk is still exaggerated but ankle clonus has disappeared.

I have used five drops twice a day in all these cases. The Lymph acts very quickly and I have observed no unpleasant symptoms in any of the cases treated.

A DEMONSTRATION OF THE THEORY OF THE ROBERTS LYMPH TREATMENT.

By JOS. R. HAWLEY, M. D.

Read before the American Animal Therapy Association, New York City, September 30, 1899.

I wish to read you a concise, logical exposition of the scientific theories involved in the selection and application of the ingredients in the Roberts Lymph Compound.

The unparalleled and almost unbelievable results which the Lymph has thus far secured are amply sufficient to obtain the laudatory recognition of the American press, but if we wish the systematic knowledge of science to recognize its well-deserved merits, and thus to cope with the analytical conservatism of our professional records, we must constantly endeavor to establish each development in our new animal therapy, upon a firm basis of scientific demonstration.

I shall, therefore, first enunciate the propositions in the theory of our treatment and then proceed to demonstrate them with experimental physiological and therapeutical facts.

First. There exist in the lymphatic vessels, glands and reservoirs of mammals certain cells and plasma, and in lymphoid tissue certain extracts, or ferments, or active principles; their function in the mammal is not only to greatly assist in constructive metamorphosis, but also to powerfully assist the defensive principles of the body against diseases affecting the structural or functional integrity of cell life; and, unassisted, the white cells and active principles generated in lymphoid tissue protect the body against microbic infection.

Second. If the cells and plasma as well as the ferments or extracts or active principles can be taken from the body of one animal in a live or at least active condition, and be kept in a live or active condition, they will, when injected into the body of another mammal of the same class, in a highly con-

centrated form, have the power to remove or greatly benefit those diseases and conditions which they antagonized or prevented in the economy of the animal from which they were taken. Finally, the mammalian from which these principles should be extracted ought to be the one possessing the highest degree of immunity from these said diseases and conditions, and, therefore, the animal in which these lymphatic principles are in the highest state of vital development. The mammal most completely meeting these qualifications has been shown by experiment and veterinarian's observation to be the Rocky Mountain goat, for it is not only least liable to degenerative and infectious diseases, but is also practically proof against inoculation.

The semen of bulls, mixed with goat semen, is added to the lymph, and it has been proven to be synergistic to nearly every action of the lymph and lymphatic extracts.

I now wish to demonstrate the truthfulness of each proposition in the theory I have recited.

First. Do these principles exist in the lymphatics of mammals and are their functions defensive, constructive and antitoxic?

With the exception of the existence and action of the active principle or extract, in lymphoid tissue, the balance of the ingredients named, i. e., cells, plasma, etc., have been abundantly proven to exist and to possess the functions I have ascribed to them, by admitted physiological facts. It therefore only becomes necessary to prove the existence and action of the extract. It is well known that quite a number of scientists allege to have discovered an active principle in lymph glands. Some have called it a ferment, others an extract, others an antitoxin. Yet Roberts is the only scientist who derived this extract during life, and I believe my own researches are the first to determine its physiological action. I have experimented extensively with lymphatic extracts made by Roberts' process and have proven conclusively that an extract exists and has powerful functions. I found that it increased the heart's action by stimulating the automatic ganglia, produced a tonic dilatation of blood vessels by acting on vaso-dilator centers and toning up the muscular layers of the blood vessels, was a mild excito-motor, possessed decided antiseptic powers, and greatly assisted in preserving the white cells and spermatozoa in the lymph compound. If, as has been proved, active principles exist in dried thyroids, in the spinal cord, brain tissue and the testicles, how much more powerful and therapeutical should be a lymphatic extract when we consider the distribution and known functions of the lymphatic system. I believe this active principle is distributed largely by the lymphocytes made in lymphatic glands, and that it is their great defensive power in phagocytosis.

Therefore, by the laws of physiology, and our own observation, we have established that these principles exist and have at least part of the functions I have attributed to them. In order to establish all their functions, we have simply to recite the results we have secured with the Roberts Compound; results which have been obtained in many other morbid conditions than are indicated by our theoretical deductions.

Second. Does the Roberts process separate the required principles in

a concentrated form? The required principles consist of known and unknown elements, viz.: The known elements are the white cells, fat and fixed tissue cells, a few red cells and the plasma, albumen, extractives and salts; the unknown element is the active principle, extract or ferment taken from lymphoid tissue.

All the known elements are taken during life and their presence confirmed by microscopical and chemical examination. The same examination reveals their presence in an unchanged form, and quantitative tests show their concentrated character. A few tests will suffice to prove concentration. For example, in normal goat lymph there are 8,500 white cells to the cubic millimeter of space; in our Lymph compound there are nearly 12,900 to the same space in spite of our dilution with lymph plasma and blood serum. Chemically found ingredients:

Goat Lymph.		Lymph Compound.	
Water	84.06	Water	60.00
Fibrin14	Fibrin10
Albumen	9.40	Albumen	20.00
Fats	2.50	Fats	8.20
Extractives	2.00	Extractives	9.70
Salts	1.90	Salts	2.00
<hr/>		<hr/>	
100.00		100.00	

The presence of the lymphatic extracts in the Lymph compound is evidenced by the following facts:

1st. I have found that without these extracts the other ingredients in the Lymph will degenerate within 192 hours.

2nd. I have used lymph (made fresh every five days) without these extracts, in the treatment of eight cases of tabes, rheumatism, senility and glandular tuberculosis, and found at the end of three weeks very little benefit, but after substituting the regular Lymph, containing the extracts, six of these cases began to improve with very marked rapidity and the other two less markedly, but yet much faster than they progressed before the change.

3rd. In determining the physiological action of the Lymph I used the extracts separately as well as in combination and proved that the action of the Lymph on heart, capillaries, spinal centers and septic processes was almost entirely due to the lymphatic extracts. For example, I found the bactericidal properties of the Lymph entirely due to the extracts, and I cured a case of chronic gonorrhea of three years' standing in twenty days with hypodermic injections of the extracts alone.

Therefore do we prove that these principles, known and unknown, can be taken from the animal in a thoroughly concentrated form. The question of their life or activity concerns the next proposition.

Third. Does the Roberts Process keep these principles in a live or at least an active condition? Let us right here qualify our meaning of the expression, "live or at least active condition."

The only constituents of the Lymph in which the degree of preservation

needs demonstration are the motile principles: white cells and spermatozoa. The other ingredients are immotile and have already been preserved by others in an active condition, and hence the possibility of their preservation needs no demonstration.

Roberts makes no claim that his process maintains in these cells the equivalent of their life in their native environment. He only maintains that his process retains the therapeutical principles of these cells by preserving sufficient of their vitality to cause them to resume part of their physiological functions, when injected into the body of another mammal. Exactly how they resume this function we shall never know, although we are personally convinced that no cell substitution takes place, and that the cells give up a tonic principle, which stimulates the body cells to a better functional activity. The law of Landois is well known: "If the corpuscles in shed blood or lymph taken from the body be injected into the body, they will resume their physiological functions." Roberts simply maintains sufficient vitality in these cells, by environing them with the lymphoid extracts, and by his method of preparation, to permit them to resume at least part of their functions when restored to their normal habitat. He has never claimed to be able to raise a progeny of bastards by inoculating a female endometrium with the spermatozoa of his Lymph compound.

That a certain degree of life and a positive degree of activity is preserved by the process is proven by the following facts:

1st. Unless the Lymph be carelessly handled its ingredients never degenerate, and yet no chemicals are used to preserve them, and any combination of chemicals sufficient to preserve animal matter would distort, deform or render inert the cell protoplasm. The cells are preserved by the extracts, with which they are combined in a vacuum immediately they leave the animal, after which they are condensed and fixed by very heavy air pressure. Before entering the vacuum these ingredients are purified with antiseptic gases in a cylinder retort.

2nd. White cells and spermatozoa have under certain circumstances evidenced a slight degree of motion. I have detected this distinct and individual motion in about six different specimens of Lymph from three to eight months old. Prof. Alex C. Weiner and I first detected this motion in a six-months specimen, by using a hot stage at 97° Fahr. and cracking the cover glass so as to produce spaces in which the cells could not cling to the glass. Using 1-12 inch objective, oil immersion, Abbey condenser, we saw the white cells change their outlines and the tails of the spermatozoa move a very little, and for about eight minutes. Since then I have been able to demonstrate this motility to two of our physicians, and to two physicians who published their observations in Chicago papers. With many samples of the Lymph I have absolutely failed to excite the slightest motion, but have noticed that those samples secured the usual clinical results. I have often worked an entire afternoon before being able to get the required conditions for motion in the cells, and more often I have failed entirely. I attach very little importance to this proof.

3rd. Specimens of Lymph with white cell denegeration always fail to secure results as do specimens of Lymph without any white cells whatever.

4th. Finally, that the cells and other ingredients are at least in a state

of activity is proven by the physiological and clinical action of the Lymph Compound.

We now come to the final proposition:

Fourth. Do these lymphatic principles resume their previous functions when reintroduced into the bodies of mammals? In other words, do they correct imperfect cell function and the resultant degenerative changes, and do they stimulate phagocytosis without danger or damage to the economy of the mammal?

There is not one physician present who has used this Lymph thirty days who cannot answer this question affirmatively.

But, unfortunately for those who would accuse us of empiricism, we have not depended on clinical results to establish the merit of our therapy.

Every step in the development of the physiological action of our Lymph Compound has been taken under the most scientific and orthodox rules of physiological experimentation.

I cannot take your time on this occasion to recite all our experiments, but will mention the details of one of the greatest value in order that you may conduct it yourself, if you so desire.

I secured two male cur dogs of the same litter, known to be thirteen years and a half of age and within two pounds of the same weight. Both were lazy, indolent and became very dyspnoëic after brief exercise. Each was practically a physical equivalent of the other. That the organs and tissues of such animals are equally affected by age has been proven by veterinarians, but more thoroughly by Dr. Roberts. Curs must be used, as their tissues are more changed by age than higher bred animals.

One animal was killed and the post-mortem recorded both macro- and micro-scopically. The other animal was then given two meals a day of mixed diet, morning and noon, for two weeks, during which time two doses, one-half ounce each, of castor oil were exhibited. The Lymph was then used in fifteen-drop doses, rapidly increased to twenty-five drops, twice a day. He was treated sixty days, and thirty and thirty-five drops were often used. (Some dogs can take larger doses than this and some smaller.) During this time he was carefully watched, given plenty of sunlight, fresh air and exercise. He was fed a usual diet twice a day only. After the fortieth day he became much more active, his appetite, which had been poor, became voracious, his eyes brightened, he gained flesh, and at the end of treatment I tied him to my buggy and drove at a fast trot for 10 minutes which caused very much less dyspnoëa than would have been caused by a two minutes' run before treatment.

The results in appearance, however, were of little moment, when compared with the results of the post-mortem, which we performed three weeks after cessation of treatment.

POST-MORTEM ON FIRST DOG.

Heart.....	Mac..	{	Softer, more collapsible, friable, pale color, extensive fatty infiltration. Mottled surface under endo and peri-cardium. Extensive fatty infiltration, and degeneration. A granular protoplasm, fat globules in sarcolemmata, fibres less striated. Extensive area of involvement under peri-and endo-cardium.
	Mic..		

SECTION OF TRANSVERSE AORTA.

Arteries.	Mac ..	{ Irregular areas of opaque yellowish spots, involving inner and middle coats. Layers cannot be separated with forceps. Intima and muscular coat show the cellular detritus and fat molecules of marked fatty degeneration.
	Mic ..	

GLUTEAL MUSCLES.

Muscle.	Mac ..	{ Marked fat deposits—substance soft and friable. Fatty infiltration, nuclei few and shortened. Sarcolemmata contains granular debris and fat droplets.
	Mic ..	
Bone chemical..	Org ..	Gelatin and blood vessels..... 20.80
		Calcium phosphate..... 61.01
		Carbonate..... 11.42
		Fluoride..... 4.30
	Inorg.	Phosphate of magnesia..... 1.05
		Soda and chloride soda..... 1.42
		100.00
Bone.....	Mic ..	{ Lacunæ. Oval, not stellate. Contain few corpuscles. Canaliculi. Majority narrow, some closed and a few obliterated. Blood vessels in inner stratum have imperfect outlines.

POST MORTEM ON SECOND DOG 2 WEEKS AFTER TREATMENT.

Heart.....	Mac ..	{ Firmer, does not collapse, pallor disappeared, very little fatty infiltration, only mottling is in left ventricle under columnæ carniæ. Fatty infiltration almost removed. Fatty degeneration very nearly absent, only seen in a few fibres whose striation is not all restored. Only one area abnormal under endocardium.
	Mic ..	
Arteries.....	Mac ..	{ The intima can be separated with forceps and neither layer shows abnormality to naked eye. Out of eight microscopical sections of transverse aorta only one shows a very slight change in one part of the periphery of the intima.
	Mic ..	
Muscles.....	Mac ..	{ Fatty infiltration greatly diminished, substance larger and firmer. Out of 12 sections two show no change in nuclei but absence of fatty degeneration; all others show nuclei more numerous, longer and no fatty degeneration,
	Mic ..	
Bone chemical..	Org ..	Gelatin and blood vessels..... 25.94 (plus 5.14)
		Calcium phosphate..... 52.90 (minus 8.11)
		Carbonate..... 10.08 (minus 1.34)
		Fluoride..... 7.97 (plus 3.67)
	Inorg.	Phosphate magnes..... 2.01 (plus .96)
		Soda and chloride of sodium..... 1.10 (minus .32)
		100.00
Bone.....	Mic ..	{ Lacunæ..... } More stellate from opening of canaliculi. Bone cells larger, more numerous and contain more nuclei. Canaliculi. .. } More numerous. More patent. No signs of obliteration. Blood vessels. } More numerous and of better structure.

I shall not relate the experiment on the femur of the dog after amputation, as it simply corroborates the other, and is published in our literature. Since then I have repeated the experiment with practically the same results. I intended to make great capital out of the cure on a case of neuritis in a coach-dog, with marked atrophy of the hip muscles, but since that time we have completely cured four identical cases in human beings, among them the father of our Dr. Miller of Aurora, Ill.

The clinical proof of the power of the Lymph to correct impaired or imperfect cell function is known to you all. I will simply interpret these results in order to properly conclude my demonstration. (Statistics will be furnished on application.)

Senility changes are due to an interruption or alteration of the functions of cells as regards their properties of assimilation, disassimilation and elimina-

tion. The physiological effect of this cause is a retardation of nutrition; the anatomical effects are atrophy, degeneration and exaggerated growth of connective tissue. The extent to which the Lymph corrects these anatomical and physiological alterations in senility is truly remarkable.

The correction of the physiological changes is shown by the progressive improvement of the nutrition as well as the restoration of normal metabolism.

The effect of the Lymph on the atrophic changes is seen in the improved quality of the skin, its better color, elasticity, freedom from œdema, and dilated venules; in the muscles by their increased size and strength, as shown by dynamometers, and their increased endurance. Also by the complete cure of eight out of twelve cases of progressive muscular atrophy, treated with the Lymph alone.

Its influence on degeneration and infiltration is evidenced by the positive betterment of arterial sclerosis, the cure of senile prostatitis, and the practical removal of the fatty degeneration of the senile heart, as well as fatty infiltration. That the Lymph removes overgrowth of connective tissue in the senile is proven by the cure of interstitial changes in the kidneys, joints, prostate, and serous adhesions.

Finally all these powerful actions of the Lymph are most extensively proven by the results obtained in the treatment of nutritional, atrophic, degenerative and interstitial diseases, results which have always been decidedly beneficial, and completely curative in over 60 per cent of such so-called incurable pathologies.

That the lymphatic extracts in the Lymph have unusual anti-microbic properties is demonstrated by our not having yet failed to quickly cure chronic gonorrhœa, empyema after aspirating, indolent, long-standing ulcerations and beginning ischio-rectal abscesses, and by a record of over 80 per cent of cures in the treatment of incipient tuberculosis.

In view of this remarkable action of the Lymph in diseases due to alteration of cell function or structure, it would be surprising if it did not have a much wider field of usefulness. And owing to the fact that in the degenerative diseases I have just mentioned there is greater liability to find death of cells, the percentage of cures will be larger in diseases not included in that classification; for no treatment can succeed when there exists extensive death of cells. These diseases are rheumatism, chorea, epilepsy, lymphatic disease, digestive diseases, tertiary syphilis, bronchitis, functional diseases of the nervous system, a few mental diseases, anæmia, obesity and spermatorrhœa.

Let us now see how well these theoretical conclusions have been justified by absolute facts.

Up to the 20th of September there had been treated 1,290 patients, of whose names, diseases and results I have been furnished conclusive evidence. A large number of diseases were treated before I became Medical Director, and a smaller number since that time, none of which are included in this number, because I have not as yet received sufficient data.

The average age of these 1,290 patients was fifty-seven years, and over three-fourths of their diseases are regarded as incurable, and fully one-eighth of these were in the very last stages. The results in these 1,290 well authenticated cases were as follows:

Eighty-five, or $6\frac{1}{2}$ per cent: failures. Many of these were very much benefited in general health by the Lymph, but when disease treated was not materially bettered, I have recorded the results as a failure.

Eight hundred and sixty-two, about 67 per cent: complete cures, all objective and subjective symptoms removed. When the anatomical and physiological changes in senility were practically overcome, such results are recorded as cures. There were eighty cases of pure senility treated.

Three hundred and forty-three, about $26\frac{1}{2}$ per cent: greatly benefited, with a majority of objective and all or nearly all subjective symptoms removed. These results were chiefly obtained in advanced degenerative diseases, such as tabes. In over half of these 343 cases, the results could be safely styled "practical cures."

Had I recorded the cases reported incompletely by certain physicians who used the Lymph before I became Medical Director, I would have greatly increased the number of "complete cures."

These unprecedented results can only be appreciated when you consider that they were obtained in diseases some of which we had never claimed to benefit, and nearly all of which have so far successfully baffled the science of therapeutics.

Specific medication, such as quinine for malaria, mercury and iodides for syphilis, and salicylates for acute rheumatism, does not secure a percentage of complete cures of over sixty, and yet we do not claim the Lymph to be a specific for any disease we treat.

If our results had only been one-fourth as remarkable as they have been, we would still have the greatest discovery in medical history, and the truthfulness of my theoretical demonstrations would still be established.

Gentlemen, the greatness and permanence of our future is assured, when we consider that all these results have been obtained without any attempts to improve the first compound that Roberts made. After he had struggled with poverty and unjust criticism for thirty years, before perfecting his daring theories, he was very willing to rest content with what he had done, and leave the further improvement of his Lymph, and applications of his principles, to other hands.

And, in view of the proofs I shall present before we adjourn, of the almost unlimited opportunities for improving and multiplying the Roberts Lymph, there can be no question of the dominating position we shall occupy in the therapy of the future. That animal therapy is a scientific entity is proven by the fact that so far all the researches in this direction have rewarded the discoverers with at least partial returns for their labor. Although these preparations were all made from dead tissue they have all revealed curative principles of more or less value in disease.

The theory that the lymphatic system possesses constructive or defensive principles has never been questioned, but the idea of extracting and preserving them during life would probably always have baffled the scientists who feared to break the laws of nature, had it not been for a brave old country doctor, who spent thirty years of his life saying to himself: "The laws of nature are like the laws of man—they seem made to break." But, gentlemen, he has broken no law

of nature. It is admitted by all that his theory is correct, namely, that under certain conditions cells can be kept active a certain length of time when out of the body, and he has simply extended that time and altered the conditions.

It is opportune at this time to recite a few of the antitheses between all other animal remedies (not including antitoxins) and the Roberts Compound.

First. All others deteriorate after a certain length of time; ours increases in value as it grows older. Does not this prove the cells to be active?

Second. All others cause frequent local insult, with abscess formation; ours rarely causes local insult and never an abscess, even when carelessly used. Could dead cells and extracts do this when no antiseptics are used with them?

Third. All others are derived from dead tissue, and have no standard of equal strength; ours is derived from living tissue and its standard of strength can be accurately determined. Is it not a scientific compound?

Fourth. All others have no antiseptic value; ours has decided antiseptic value, shown not only in disease as an antitoxin, but also by direct bactericidal tests.

Fifth. All others have been very much overestimated in their therapeutical value; ours is constantly adding to its already large field of usefulness.

Sixth. Finally all others make no direct impression on the longevity of humanity and give no immunity from disease; while out of 1,290 cases we have treated within three and one-half years, with an average age of fifty-seven years, with three-fourths of the diseases incurable, only one has died, and in no case has severe disease been subsequently contracted. From American tables of mortality, at least 61 should have died, and, considering the nature of their diseases, 151 should have died. Gentlemen, if we could only do what we have for senility, we would have the greatest discovery in modern therapeutics.

I have thus endeavored to place our therapy beyond the limits of empiricism and to establish it on an immovable foundation of logical, scientific demonstration. I have proven (1) that the lymphatic derivatives of a certain animal possess defensive and constructive functions in that animal; (2) that they can be taken out of that animal during life; (3) that they can be kept alive or at least active for an indefinite period; (4) that the principles so extracted and preserved will resume most of their physiological functions when injected into another animal of the same class, and that they will have additional therapeutical value outside of their native functions; (5) and, finally, that the Rocky Mountain goat possesses these principles in the highest state of vital activity and remedial value.

MY OPINION OF THE ROBERTS' LYMPH TREATMENT.

An Address Delivered by DR. FREDERICK C. HOLDEN of Brooklyn, N. Y. Before the American Animal Therapy Association.

I am very glad to have the opportunity of congratulating Dr. Hawley for the very happy thought which was the means of bringing together at this festive board such an eminently representative gathering of physicians for the purpose of good fellowship and the furtherance of the Roberts' Lymph

Treatment. This sumptuous banquet has been very much enjoyed and Dr. Hawley has augmented the pleasure of the meeting by the scientific, comprehensive and instructive paper which he has presented for our consideration. I feel that I express the sentiments of the physicians present when I say that one of the most unpleasant and trying experiences in the practice of general medicine comes when the physician detects the first symptoms of an incurable and eventually fatal disease in a patient who has come to the physician for professional advice and aid; the physician being in the trying position of letting the patient down easily so as not to be untruthful and at the same time not to crush and totally eradicate every spark of hope of life which is so dear to all of us.

In May last, when the subject of Roberts' Lymph was brought to my attention and I was told some of the things it would do for the class of diseases above referred to, I argued the subject as follows: Can it not be possible that the time has arrived when physicians can, with this discovery of Dr. Roberts, an unknown country doctor, do something for these poor, suffering fellow creatures of whom there are so many? Our medicinal remedies for centuries have come from the mineral and vegetable kingdom, but within a comparatively recent period we have been materially helped in our work by several products from the animal world.

Koch's lymph, Brown-Sequard's elixir, antitoxin, thyroid extract and the neucleins, have all manifested a positive degree of benefit in their respective fields of application.

Dr. Roberts has certainly been working along the right lines, and I will not rest content until I have journeyed West and seen for myself what manner of man is this medical director, Dr. Joseph R. Hawley, and the other gentlemen associated with him in carrying on the extension of this work, begun by Dr. Roberts, after years of labor.

Well, gentlemen, even had I been dissatisfied with what I learned while at Chicago regarding Roberts' Lymph, my trip would not have been in vain, for I met Dr. Hawley, and would for that reason alone have felt repaid for the time spent away from my work.

You have all had the pleasure of meeting Dr. Hawley, and I must say that the more you see and know him, the greater will you appreciate and value the acquaintance; and you will surely say that he could not have been duplicated for the position of chief medical director of the Roberts' Lymph Compound Treatment.

Returning home enthusiastic over what I had seen and heard, you may know with what a keen degree of interest I worked to secure results that would compare favorably with those already secured in the West. Believing all I had seen and heard, at the same time the claimed merits and results of the lymph were so far beyond any yet achieved, you can imagine my delight when, after using it, it was possible for me to demonstrate to my own satisfaction that the amount of bad air between here and Chicago did not devitalize the lymph, and that my results were highly satisfactory and pleasing to all concerned. Four months have passed, and I remain none the less enthusiastic and sanguine for the future of Dr. Roberts' Lymph, especially when I think of the possibilities for its future improvement and application.

Dr. Roberts has started a wedge in the right direction that will, I am confident, with the forces driving it, open to light great opportunities for the cure of certain diseases which have not been at all or only slightly benefited by anything thus far known to medicine. Being the first physician in the East to investigate and use Roberts' Lymph, I felt especially anxious that the opinion I had formed of it should be correct. With the results I have obtained and the reports of the excellent results secured by men of the highest standing in the profession, I feel satisfied with the result of my determination to use what I now consider the greatest discovery of the nineteenth century. We have treated over forty cases and have not recorded one failure, although the diseases treated are regarded as absolutely incurable.

34 Plaza Street, Brooklyn, N. Y.

SOME MARVELOUS RESULTS IN NERVOUS AND MENTAL DISEASES WITH ROBERTS' LYMPH COMPOUND.

By DR. A. A. LOWENTHAL, formerly Physician at Illinois Eastern Hospital for the Insane at Kankakee, Illinois.

I have selected five of my most instructive cases, which illustrate the average results I have obtained.

In the past eight months I have limited my practice to nervous and mental diseases, using only the Roberts and Roberts-Hawley Lymphs.

Psychosis, Primary Dementia with Marked Confusion.

Mr. Bush, 111 Ferdinand Street, Joliet, Ill., aged 29, married, farmer by occupation; parents not related before marriage; no insanity in family history. About one year before being admitted to Kankakee Insane Asylum he complained of severe headaches, memory was failing, fainting spells frequent, sore throat, choking spasms, refused food. He was very despondent. Clinical history while at the hospital copied from "Hospital Records:" "Admitted March 7, 1899, from Will County. Height, 5 feet 7 inches; weight, 152. Attitude erect. Expression anxious. Mucous membranes dry. Muscles fairly well developed. Respiratory movements slightly hurried. Lungs on auscultation showed slight rales. Heart negative. Psychosis, primary dementia."

When admitted he was very restless and showed violence. Later on was quiet and depressed and seldom spoke to anyone. He laid down on a settee and took no notice of his surroundings. In April he showed slight improvement. The first of June was failing rapidly. Refused food and had to be sent to hospital ward to be fed mechanically. At this time he was considerably confused and very untidy. June 10th he was very low. Dull, confused and mumbled to himself. Sleep very poor.

On June 15th Mr. Smalley, a brother-in-law of Mr. Bush, came to see me in regard to Mr. Bush taking the Lymph treatment. I advised him to go to the hospital and get the patient. The authorities there refused to allow him to take Bush home, saying that it meant sure death to remove him in his present condition. Mr. Smalley returned without Bush, but I insisted that the Lymph

treatment offered the only chance for his life, and that he ought to bring him to Chicago on a stretcher if necessary.

On June 19th the patient was presented to me for treatment. On examination I found the following: Temperature, 98; pulse, 84; respiration, 22; weight, 111; height, 5 feet 7 inches. Skin dry and rough. Face presented a pinched, drawn appearance with a wild stare. Feet and hands cold. Patient could hardly walk. Teeth and tongue coated, breath foetid and severe constipation. Respiratory movements markedly hurried. Some mucus rales perceptible over anterior aspect of right lung. Chest emaciated extremely and excursions very slight. Pulse quick and weak. Apex beat in nipple line sixth interspace. Pulse 92. Genito-urinary apparatus negative. He was extremely emaciated and anæmic.

Nervous and mental symptoms. Knee reflex exaggerated, slight ankle clonus. Pupils dilated. Eyes react to light and accommodation equally. Marked tremor. Mind confused and dull and he refuses to talk. When spoken to he mumbles to himself. Facial expression a fixed stare. Saliva escapes from mouth. Refuses food. Katatonia present to a marked degree. Very untidy. He does not recognize persons or objects, and remains in one position for hours.

Treatment: I gave him an injection of Lymph, eight drops the first day, and placed him under the care of a special nurse. I then injected eight drops twice a day. After three days' treatment nurse reported that he slept most of the night. On the tenth day he weighed 116 pounds, a gain of five pounds. He was much brighter and seemed to recognize objects. His appetite was improved and he continued to sleep soundly. On twentieth day reduced his dose to six minims.

On twentieth day he answered questions in a low tone, but was still confused. Gain in strength, flesh and appearance very decided. I then ordered his wife and babies to be brought to him. His wife had not seen him since treatment began and she noticed a wonderful change in his physical and mental condition.

Thirtieth day: Mr. Bush weighed 126 pounds. He now helps himself to a hearty meal and sleeps soundly all night. He takes an interest in his surroundings and plays with his children. He answers questions better and often laughs quite heartily when amused. He is still confused, but to a less marked degree.

Fortieth day: Weight, 140 pounds. General physical condition improved. Mental condition continued to improve. His wife gave him a dollar and he voluntarily purchased a gift for her in a store. He asked if I did not think him well enough to return to his farm. He began to realize that he had been deranged mentally and often spoke of events that happened prior to his incarceration.

Fiftieth day: Had him taken to his home in Joliet. He was then getting a treatment of five drops of Lymph every other day. He talked much better and was interesting himself in his business affairs. Physical improvement was progressive.

Sixtieth day: He asked me to discharge his attendant, which I did. His

mental condition was absolutely normal and there was not a single objective or subjective evidence of disease. He weighed 141 pounds and was a joy to his wife and relations. His color was normal and he had resumed the entire control of his business.

Ninetieth day: Well and happy; weighs 156 pounds. This is more than he ever weighed. He is bright, quick and active. Attends to all of his business affairs. Heart's action normal, pulse, 75; strong and full. Chest expansion, $2\frac{1}{4}$ inches; respirations, 18; skin smooth and healthy in color. Surface temperature normal. Very little dyspnoea after exercise. Bodily functions normal. Reflexes normal. Pupils somewhat large, but of normal reaction. No tremor and no evidence of bronchitis. Urine normal. Blood, red cells 4,800,000, hæmoglobin 98 per cent.

It is now four months since Mr. Bush was cured and he continues to enjoy perfect health. He volunteered the use of his name.

Nerve Exhaustion, Neurasthenia and Dilated Stomach.

Lieut. B., Chicago police department. Date of examination, July 1, 1899. Aged 53; married. Family history negative. He served three years in the Civil War. About fifteen years ago he had rheumatism. Stomach has troubled him since the Civil War. Severe pains all over his body. Sexual desire lost. Appetite very poor. Periodical vomiting. Insomnia, weight 139 and height 5 feet $7\frac{1}{2}$ inches.

Digestive apparatus: Gastric catarrh followed by severe dilation. Tongue coated, breath foetid and obstinate constipation.

Lungs negative. Circulatory: Arterial sclerosis. Apex beat in mammary line fifth interspace, and heart irregular, rapid and weak.

Nervous system: Complains of pains all over his body; marked tremor present; knee reflexes exaggerated; memory very poor; despondent.

Started treatment July 1, 1899. I injected seven drops of Lymph twice a day for ten days.

Tenth day: Very little change. Sleeps better but more nervous. I then used ten drop doses.

Fifteenth day: Says he feels much better; that the pain has left with exception of a headache. Sleeps soundly. Reduced dose to six drops twice a day.

Twentieth day: Gaining physically. Weighs 144 pounds. Says he feels as well as ever and thinks he needs no more treatment. His stomach shows no residual food on lavage six and a half hours after test meal. His strength and appearance greatly improved.

Twenty-third day: Stopped treatment to go East on business.

Thirty-fifth day: He called at my office stating he weighed 155 pounds, that he had not felt as well in twenty years and has not had an ache, pain, or symptom, since the seventeenth day.

One hundredth day: Weighs 167 pounds, absolutely cured.

Hemiplegia and Dilatation of Stomach.

Mrs. E. L., aged 56 years; married. About three years ago had a stroke of paralysis, leaving right side of body useless. Subject to fainting spells.

Pains in back and head. Examination: Patient can hardly walk on account of condition of right limb. Impaired strength of right arm. Atrophy of both extremities from disuse. Weight, 200 pounds; height, 5 feet 7½ inches.

Digestive apparatus: Constipation, stomach markedly dilated, lower border two inches below umbilicus.

Respiratory: Bronchial catarrh. Respiratory movements hurried; dyspnoea on very little exertion.

Circulatory: Hard to detect apex. Fatty degeneration of heart, distant heart sounds. Pulse small and rapid. Arcus senilis.

Nervous and Mental Symptoms: Right side paralyzed; tongue drawn to right side; pupils irregular; reflex markedly exaggerated on right side. Memory very poor. Headache. Atrophy quite marked. Sphincters normal at present. Enuresis three months ago.

Started treatment July 3, 1899. Dose, seven minims twice a day for ten days.

Tenth day: Much improvement in her mental condition; says her headache has left her. Heart's action improved.

Twentieth day: Dose, five minims once a day. Uses her right leg much better. Does not get so tired when she walks. Mind clearer; much brighter. Stomach greatly improved.

Thirtieth day: Marked improvement in her gait; goes up and down stairs with very little trouble. Heart is perfectly normal in action. Apex beat visible and palpable. Stomach continues to improve.

Fortieth day: Wearing a corset now; had not worn one for over three years. Can walk a mile with ease. Has full use of her arm and limb. Stopped treatment.

Fiftieth day: Says she can get around as well as before her stroke of paralysis.

Eightieth day: Stomach is above umbilical line. No subjective symptoms. Reflexes and eyes normal. Circumferences of legs and arms about equal. Lungs normal. Heart sounds normal. She is completely cured.

Chronic Rheumatism, Neurasthenia, Aortic Stenosis.

Fred P., Dalton, Ill. Age, 58; married. An old soldier. Disease dates from the Civil War, when he was confined in Andersonville prison. From that time he has had rheumatism in his ankles. Pains in chest and back and says he is never free from headache. Very nervous. Eyes bother him a good deal; presbyopia.

Physical examination: Temperature, 98.6; pulse, 66; respiration, 20; weight, 205; height, 5 feet 9½ inches. Facial expression evidences pain and anxiety. Skin dry and rough. Extremities show irregular areas of pain, anæsthesia, hyperæsthesia and paræsthesia. Ankle joints sensitive, swollen and stiff. Dilatation of stomach moderate. Tongue coated. He vomits nearly every day. Anorexia extreme. Lungs negative. Circulatory: Pulse slow, apex beat in sixth interspace one inch to left of mammary line. Muffled heart sounds. Rough systolic murmur over second left interspace, transmitted over left carotid. Left ventricle dilated. Cardiac exhaustion.

Nervous and mental symptoms: Pains in cardiac region and in back. Right knee reflex absent. Eyes react sluggishly. Easily excited. Choking spasms very frequent. Sexually weak. Insomnia. Irregular areas of disturbed sensibility. Lateral vision diminished. Alteration of color test.

Kidneys congested. Urine lessened in amount; albumin and occasional hyaline casts.

Treatment: Started the patient on eight minims of Lymph twice a day.

Fifteenth day: Pains in back and head absent. He sleeps well all night. Choking spasms absent. Says he feels like a "new man." Reduced dose to six minims. Urine absolutely normal. Heart greatly improved.

Thirtieth day: Says he hasn't felt as well in twenty years. Appetite good, sleeps well, has not an ache or pain left.

Fiftieth day (last treatment): Says he can now walk miles whereas formerly could not walk a block without being exhausted. Heart is compensated. Murmur only audible after exercise. Apex in nipple line. Kidneys normal. Stomach in perfect function. No abnormality of sensibility. Lateral vision improved. Reflexes unchanged. No evidence of rheumatism. Patient looks very much brighter, his skin is smooth, color improved, strength and endurance greatly improved.

Locomotor Ataxia, Pulmonary Tuberculosis and Anæmia.

I. D. K., Denver, Colo.; age, 46. In 1892 was seized with shooting pains in his limbs and could not walk in the dark. Very soon his gait became unsteady and he had a sensation of constriction around center of body.

Physical examination: Height, 5 feet 8 inches; weight, 141 pounds. Facial appearance anxious, pinched and pallid. Argyll-Robinson pupil. Lateral vision reduced. Extremities cold and numb; padded feeling in feet.

Digestive apparatus: Anorexia, atonic dyspepsia, constipation.

Respiratory organs: Dullness, increased fremitus, bronchial breathing and crepitant râles over supra and infra clavicular space of left lung. Tubercle bacilli in sputum. Roughened breathing and prolonged expiratory sounds over right apex.

Circulatory: Cardiac dilatation. Red cells, 2,800,000; hæmoglobin, 55 per cent.

Nervous system: Lightning pains; Argyll-Robinson pupil; lost knee jerk; Romberg symptom; coarse tremor; anæsthesia in legs. Impotence and loss of sphincter control.

Started the patient on a dose of eight minims twice a day for thirty days.

Thirtieth day: Patient feels much stronger. Gait nearly normal. Can go up and down stairs with ease. Pains are very few and give him little trouble. Sleeps well.

Fortieth day: He continues to improve in every way. Says he is well enough to go home and attend to business. I stopped treatment on forty-fifth day. His left lung was free from râles and consolidation was lessened, but not all removed. He had gained eight pounds. Red cells, 4,000,000; hæmoglobin, 85 per cent. Appetite normal; stomach symptoms removed. Sexual power

partly restored. Heart nearly normal. Gait normal and no anæsthesia. Sphincters normal and pupils react to light and accommodation. Knee jerk very slightly present. He has not coughed since twenty-fifth day. Girdle sensation less noticeable.

A letter from him thirty days later reports constant improvement in general health and strength.

I will later make a report on a number of cases including paresis, cerebral syphilis, senile dementia, epilepsy and chorea. These cases are all under treatment at present and are all showing wonderful improvement. The chorea and epilepsy cases are now free from symptoms.

Room 509 Chicago Opera House Building, Chicago, Ill.

CONGENITAL SPASTIC PARAPLEGIA, TREATED WITH THE ROBERTS' LYMPH COMPOUND.

By DR. JOHN S. MILLER, Aurora, Ill.

The following is a brief statement of results obtained with the Roberts Lymph Compound in a case of congenital spastic paraplegia. It is not possible to describe the utter helpless condition the little patient presented when she first came under my observation and treatment. Girl, age 8, weight 26 pounds, badly nourished, arms and legs flexed and joints ankylosed; could not sit, stand or even turn over when placed in any position; limbs shrunken and fingers clenched, giving the appearance of bird claws more than human fingers; pupil would not contract in the strongest light, or dilate in the dark; legs would lay crossed, if separated would assume crossed position the moment released from pressure sufficient to hold them apart; constant incontinence of urine, voided as fast as excreted, could not make wants known and movements of bowels could not be controlled. The severest case of complete spastic paralysis it has been my experience to see. * * * June 26th, I began treating with minims one of Lymph twice a day, gradually increasing, until by sixtieth day was giving minims five twice a day, continued five weeks, and then quit for one week. In addition to Lymph gave rapid mechanical manipulation of legs and arms with general massage of body three times a week. At the end of two weeks perceptible results were shown; at end of thirty days pupil would contract and dilate, could roll over when laid down, would raise right hand to head, and the left hand only part way up when it would get beyond her control. She could raise her head and hold it in position two to three minutes. After allowing a rest of one week, treatment was resumed, giving minims four twice a day, continuing five weeks more, during which time rapid mechanical manipulation with more or less massage of the entire body was continued. It resulted in child gaining materially in weight, good color, rolls around the room unassisted, sits in chair or little cab, holds head erect fifteen to twenty minutes at a time, feeds herself, has voluntary control of arms, not perfect, but to good degree; can flex and extend legs. After completing ten weeks' treatment permitted another rest of a few days, and have again resumed treatment, giving minims five once a day, six days each week. The child

is making slow, but certain progress, and growing stronger. Urine is now retained three to four hours, and she can then give notice of her desire to urinate and also has fairly good control of action of bowels. When assisted will bear weight on her feet, but does not attempt to step, can not talk, although her mind is clear. Will hold any article given her, and right hand seems more easily under voluntary control than left one. Flesh is growing firm.

This appeals to me more convincingly of the cell power or cell action of the Lymph than any other case as yet under my observation or care. I have treated many other chronic cases with the Lymph, but this was such an absolutely hopeless case that I consider present results miraculous

CLINICAL RESULTS WITH THE ROBERTS LYMPH COMPOUND.

By J. HERBERT KEENAN, M. D., 22 West Jersey Street, Elizabeth, N. J. Read before the meeting of the American Animal Therapy Association, New York City, Sept. 30, 1899.

Case No. 1.—B. F. Lewis, age 34 years; married; mechanical engineer. Hereditary disease, none. (This case exhibited at the meeting.) Present disease began October 18, 1897, with renal colic, passed a stone February, 1898, has passed blood and has had pain in neck of bladder ever since, both before and after urination. Passed urine about twelve times during night, and same number of times during the day. Examination of urine, acid reaction, pus, blood, hyaline and epithelial casts and albumin. Also epithelium from pelvis of kidney. Constipation. Sleeps very little. Skin does not perspire at all, although he works close to three furnaces. Has lost ten pounds in three weeks, and is very nervous. Diagnosis made by Dr. Willy Meyer: Hemorrhagic cystitis and pyonephrosis. Cause (probably), stone in pelvis of right kidney. Treatment suggested by Dr. Willy Meyer was irrigation of bladder with silver nitrate solution once a day, and urotropine ten grains three times a day. Result of this treatment: Patient lost flesh, became neurotic, said he would rather be dead than live the way he was feeling. Stopped treatment after forty days. Two days after stopping treatment, I started for Chicago. When I returned, after my investigation of the Lymph treatment, I explained its merits to him, telling him that if he wished to try it, I would proceed with his case. He consented, and I used the Lymph with the following results: Patient has good appetite, sleeps soundly, gets up once a night to pass urine; urine passed during the day about five times, pain only while urinating, and very slight; no spasm in neck of bladder; has gained six pounds in weight; perspires freely; nervous symptoms have all disappeared. Urine 1020, no casts, no blood, no albumin, no pus. Examination of urine 20 days later: Spec. gravity 1021, reaction acid, urea, percentage 2.6 per cent.; albumin, none; sugar, none; uric acid normal; phosphates normal; chlorides in excess. Patient says he feels better than he can express.

Case No. 2.—Henry C. Wilson, age 49 years; married. (This case exhibited at the meeting.) Previous disease, syphilis, 18 years ago. Stroke of paralysis, March 7, 1899. Whole right side affected. Nightly seminal emissions since stroke. Appetite fair and he sleeps very poorly. Atrophy of right extremities; skin sallow; speech thick; vertigo: drags right leg; eyesight poor; buzzing in

right ear; unable to attend to any business as his memory is very poor; complains of pain in region of last lumbar and first two sacral vertebræ, pain extending latterly to crest ilium. Treatment started August 7th, ten minims twice a day for first twenty days; skipped three days, then eight minims twice a day, missing every third day, on which days I gave hypodermics of strychnine, 1-30 grain twice a day; ferratin was also given in ten-grain doses three times a day. This treatment was kept up until September 26th.

Results: Speech perfect, memory good, gait almost normal, appetite very good, buzzing in ear and vertigo stopped; pain in back better, circulation improved; color of skin very much better; is able to attend to business in New York, also visits friends in Brooklyn; atrophy and strength greatly improved. Urine analysis: Spec. grav. 1023, reaction acid, no albumin; no sugar. Nightly emissions only once since treatment. This patient says he has been in the habit of consuming from a quart to a quart and a pint of whisky a day for last few years, but at present has no desire for it. He walks two or three miles without fatigue.

Case No. 3.—Margaret Masterson, age 53 years, widow. Hereditary diseases, none. Previous disease, rheumatism and herpes zoster, seven years ago. Present disease dates from her convalescence, at which time she was taken with gastritis and obstinate constipation, which has lasted ever since; bowels would not move for five days at a time, and then only after using drugs, assisted by an enema; heart-burn, water-brash, tongue heavily coated, breath offensive, constantly bloated, skin sallow, appetite poor, sleeps very little, heart intermits at every tenth or twelfth beat; varicose ulcers on both legs. Urine: No albumin, no sugar, no casts, spec. grav. 1020. She has fainting attacks at times. Weight, 165 pounds; height, 5 feet 5 inches.

Results: Treatment commenced August 7, 1899. Ulcers healed in eight days; patient felt very weak and I gave ferratin 10 gr. and strychnine 1-30 gr. three times a day for seven days. From this time on until fifteenth day patient improved, and her bowels moved once a day. Dose at this time nine minims twice a day. I then had her come to my office every evening and administered ten minims for the remaining fifteen days. Weight of patient, 152 pounds; bowels move twice a day; sleeps well; eats very heartily; tongue clear, color good; bloating all gone; heart normal and patient claims to feel perfectly well and never tired. Greatly increased strength.

P. S.—I neglected to mention that patient's liver was much enlarged, but now as far as I can judge, it is normal. I diagnosed it congestion.

Case No. 4.—Leslie S., age 21 years; single. Ticket seller. Previous disease, gonorrhea, about two years ago. Present disease, gonorrhea about three days. Gonococci abundant.

Result and Treatment: Patient's discharge cured in eight days. Ten minims given twice a day. Adjuvant, one drachm three times a day.

Case No. 5.—Wm. F., age 29 years; single; machinist. Disease, eight years' standing; gonorrhea and cystitis. Treatment: Lymph, 8 minims twice a day. Adjuvant, one drachm four times a day.

Result: Discharged cured in eight days.

Names of patients used by permission.

CLINICAL RESULTS WITH THE ROBERTS' LYMPH COMPOUND.

By DR. CHAS. S. SMITH, Providence, R. I., 5 Harrison, Street.

In conformity with a request from our medical director, Dr. Joseph R. Hawley, I shall briefly outline some of my results thus far obtained with the Roberts' Lymph Compound, calling attention more especially to an obstinate case of chronic articular rheumatism, or, if you will, arthritis deformans, for you may hold, as does the writer, that the two conditions are but different manifestations of the same morbid process.

The particular case under consideration is that of Mrs. Laura M. Robbins, 436 Fountain street, Providence, R. I. Eight years ago she began to have trouble with her knee, following immediately after the puncture by a needle of the joint between the second and third phalanges of the left forefinger, which joint became permanently stiff in a short time.

Successively the joints of the hands, wrists, elbows and right shoulder became affected, the onset being gradual, there having been at no time an acute attack. The writer saw this patient for the first time about three years ago, and refused to treat her on account of her hopeless condition; he has, however, had occasion to visit the family frequently during the past three years on account of other sickness, and has had an excellent opportunity to watch the development of the disease.

On the tenth day of August, 1899, when treatment was begun with the Roberts' Lymph Compound (minims 4, increased gradually in three days to minims 12 to 14 twice daily), she presented the following conditions: temperature $98\frac{1}{2}$, pulse 66, respiration 24, chest 28 inches, expansion $\frac{1}{2}$ inch, abdominal girth 26 inches, weight 100 pounds, height 5 feet $4\frac{1}{2}$ inches; anemic, wasted and debilitated, with swollen and stiffened joints, which cracked on passive motion, and were excessively painful and tender to manipulation; with eyes sunken deeply in their sockets and a pale face, expressive of suffering; a muddy complexion, with skin thin and inactive, arteries sclerosed, and mentality obtunded. She presented a picture of innocent distress. She could not arise or seat herself without assistance, although she could walk in a stooping and tottering manner when placed on her feet. Two of her fingers were bony ankylosed; the rest were so stiff that they were of no service to her. In the right wrist was present the smallest amount of passive motion, being merely a semblance. The knees could not be straightened. The hands could not be opened or closed. The patient could not sleep nights. She had not dressed herself for three years, nor combed her hair for five. The lower extremities were œdematous up to the knees.

Results: After four days the patient began to sleep better, and to experience less pain and discomfort. After seven days she could get out of her chair alone, helping to push herself up with her hands. After fifteen days she could stand perfectly erect, walk perfectly well and undergo joint manipulation without much pain. After thirty days she could dress herself, comb her own hair and open and close her hands.

I wish to state here that at no time during the treatment had the patient any reason to feel other than most joyful, but as a matter of fact she had spells

of despondency in spite of the wonderful results which were being obtained. The treatment was stopped on the thirtieth day, and this despondency lasted for about two weeks longer, when the patient emerged from it, and has had no return of it since. The treatment was stopped on the thirtieth day for the purpose of making a test case of it, to determine just what a thirty-day treatment would do, the intention being, later on, to continue the treatment. The treatment ceased on the eighth of September, and the patient has been gradually improving ever since. The dark circles around her eyes are disappearing and she is steadily gaining flesh. Helps about the housework, and altogether feels bright, happy and prosperous. Her rheumatism has not all disappeared, there being some soreness yet in her knees and elbows, but another thirty days' treatment will probably clear up her trouble.

As I have only three hours in which to prepare this paper, I shall be very brief in what I have to say concerning my other cases. I hope Dr. Hawley will allow me a little more time in the future.

Prostatitis, age 57, very large and hard, with tertiary syphilis and testicular tumor, complicating. Still under treatment. After thirty days prostate has appreciably diminished in size.

Pulmonary Tuberculosis.—Female, 28 years old. Affecting right upper lobe severely, and slightly the left upper lobe. On beginning treatment the right side presented high-pitched, prolonged expiration, increased vocal fremitus, dullness on percussion, and numerous mucus râles; the left presented clogged wheel respiration, and a few sticky râles, with very slightly increased vocal fremitus, and dullness. She expectorated, coughed, had night sweats and was running a constant temperature between 99 degrees and 100½ degrees. Tubercle bacilli were swarming in the sputum.

Results: After twenty-four days' treatment (minims 8 given twice a day for ten days, and once a day for the remaining time) the physical findings show the left lung to be entirely cleared up, while the right lung shows only a few râles. The dullness, vocal fremitus, and high-pitched expiration have not changed as yet, although the temperature has entirely subsided. The cough and night sweats have diminished very markedly, and the patient is looking much better. She is still under treatment.

Besides the above, I am now treating two very severe cases of arthritis deformans, both of which are making good progress. Also a case of aortic stenosis, with hypertrophied heart. This latter case began on the tenth of October, and on the fifteenth of October the husband, who had noticed that his wife was better and that her heart did not beat so tumultuously, presented himself to be treated for his chronic rheumatism. This case will be reported later.

I wish to take this opportunity of expressing my profound appreciation of the Roberts' Lymph Treatment, and the excellent way it is being introduced to the profession.

TWELVE CHRONIC DISEASES TREATED FROM NINE TO ELEVEN MONTHS AGO WITH ROBERTS' LYMPH COMPOUND.

By DR. JOSEPH HAWLEY, Chicago, Illinois.

Gumma of dorsal vertebræ, post operative meningitis, amyloid kidney, and aortic stenosis. Treated eleven months ago. Mrs. M. S., age 59, weight 245 pounds; multipara. Personal and family history, negative. She has had two operations for malignant neoplasm (diagnosed fibro-sarcoma) of 10th and 11th dorsal vertebræ, within the last three years. The growth returned after each operation. It was an immovable flattened growth about 1½ inches in diameter. Before operation she had general adenitis, enlarged spleen, cachexia, œdema of legs and severe pain in back over the tumor.

In the chiseling of the vertebræ in the second operation a fracture was produced, which was followed by a localized meningitis; the growth returned and symptoms of spinal pressure gradually developed. The pain was distributed over the spinal nerves, but was most intense over the two vertebræ. Morphine was used in full doses nearly every day. The pain was increased by motion, pressure and heat. The area over dorsal and lumbar vertebræ was intensely hyperæsthetic. The right leg was anæsthetic, the left hyperæsthetic. The right knee jerk was sluggish, the left exaggerated. Her face was gray, sallow, cachetic. She could use her legs only with great difficulty, being unable to walk fifty feet. She had aortic insufficiency with marked dilatation of left ventricle. Her urine revealed an amyloid kidney, and her spleen and liver were enlarged.

I diagnosed the neoplasm as syphilitic and confirmed the diagnosis by the improvement of all her spinal symptoms under large doses of iodides. This diagnosis was also endorsed by Drs. Goodkind and Cuthbertson of Chicago. The iodides reduced the size of the growth and entirely removed her general adenitis. The symptoms due to the local injury of the cord gradually increased in severity. The large doses of iodides (180 grs. a day of K. I.) had to be discontinued, owing to her very irritable stomach.

She was then treated with the Lymph, 11 drops twice a day for 50 days. She finished treatment 10 months ago. The results three weeks after end of treatment were as follows:

Tumor has entirely disappeared.

Pain is nearly removed and only occurs in a mild form after undue physical exercise.

Tenderness entirely removed.

Knee jerk unchanged, but the anæsthesia and hyperæsthesia are absent.

Patient can walk long distances and even run without very marked fatigue.

She lost 28 pounds, and has greatly increased in strength.

Her color is improved, and no cachexia is present.

Her heart is compensated, the murmur less apparent, and the l. v. simply hypertrophied.

The liver and spleen are reduced, but still slightly enlarged.

The urine contains no albumin or casts, and her anasarcha has entirely disappeared.

Five months later the patient's condition was unchanged, except that she had gained in strength and endurance.

She has discarded her spinal jacket and no longer complains of a feeling of crepitation in vertebræ when she bends her body sidewise or backwards.

Spermatorrhœa, impotence (7 years) and dilated stomach, with anæmia. J. J., 28 years old; unmarried. Treated 9½ months ago.

Three years before I had begun to treat him for the above conditions. Semen was lost in the urine and nocturnal emissions were very frequent, averaging 3 or 4 a week. Diurnal emissions were often provoked by anxiety and imagination. Impotence was complete, and had existed since his twenty-first year. The seminal vesicles were enlarged and tender. The semen contained few spermatozoa. The testicles were atrophied. The history of excesses, pollutions, etc., was unusually excessive, beginning when he was ten years old. Psychical impotence positively excluded. The lower border of his stomach was an inch below umbilicus, and lavage 7 hours after a test meal always revealed residual food. During three years I had treated him almost constantly. I feel confident I exhausted every known means for his relief from local instillations and electricity to internal medication and an absolute rest cure. He lavaged his stomach every morning for four months, and then about twice a week for over a year. Cessation of the lavage invariably brought back his periodical vomiting and tests proved motor insufficiency. The results of nearly three years' treatment were very meager. His red cells counted 3,000,000 and Hb. 65 per cent.

The Lymph was used in this case twice a day for fifty days in 9 drop doses. The adjuvant was not used. By the thirtieth day the losses of semen had stopped entirely. Seminal vesiculites entirely cured. By the fiftieth day the testicles had increased to over twice their former size, and the scrotum was not relaxed. He had gained fifteen pounds weight. Red cells counted over 4,500,000 and Hb. 95 per cent. Lavage 6½ hours after a test breakfast revealed nothing. His sexual power was tested two weeks after cessation of treatment and was perfectly restored. This case was treated 9½ months ago, and has gained over 35 pounds. He has had no relapses of any kind.

Myocarditis, arterial sclerosis and chronic art. rheumatism, treated 11 months ago.

A. C., a Scotchman, 72 years old, five feet nine inches high, weight 230 pounds. Full, plethoric habit, short neck, marked senescence.

Rheumatism involved left hip, both knees, left ankle and metatarsal joints. Left hip joint completely ankylosed, others stiffened and very tender. Duration twenty years. Advanced arterial sclerosis, both radials and brachials tortuous and hard, and a systolic murmur over aorta. Left ventricle dilated. Heart irregular, slow, pulse 55, sounds muffled, apex beat cannot be seen or felt. Extreme dyspnœa on slight exertion. Obstinate constipation and intestinal flatulency.

Treated eighty days, with eleven drops of Lymph twice a day, skipping every seventh day. Adjuvant as usual. Examination on the eightieth day:

Pain in the left hip joint was greatly lessened but stiffness and tenderness unchanged. Knee joints and left ankle and tarsal joints all freely movable actively and passively, and free from pain and tenderness.

Brachial arteries nearly straight and less resistant; radials cannot be outlined below compression with fingers. Murmur over aorta disappeared and left ventricle is hypertrophied, but not dilated. Heart regular, pulse 70, and both sounds are clear, louder, and the second is accentuated. Apex beat can be felt in nipple line but not seen. Dyspnœa very much lessened. Constipation and flatulency benefited, but not cured. Patient has 60 per cent more muscular power, as shown by dynamometers. His face is brighter and the eyes clear and prominent. Sexual power had been absent seven years and was restored on the sixtieth day. The only return of these symptoms since treatment was an acute attack of rheumatism in left tarsal joints, lasting seven days. No subsequent return.

Chronic gonorrhea and cystitis. Treated ten months ago.

R. M., 41 years old, married. Gonorrhea of three years' standing. Cystitis began five months ago. Gonorrhea had resisted all treatment, including topical applications, return stream irrigation, stricture divulsion, internal treatment, diet and rest. With the development of cystitis some acute symptoms returned: chordee, plentiful discharge and painful urination. The cystitis had only been slightly improved after two months' treatment. Patient was unable to do his work,—tailoring.

The Lymph was injected in the perineum fifteen days and the adjuvant given in the usual dose, one drachm q. i. d. No other treatment was used. On the third day his pain left him and urination was painless. On the fifth day he resumed work, the discharge ceased and all symptoms were removed except a slight soreness from erections. He was discharged on the fifteenth day, all symptoms having been absent since the tenth day. Stricture greatly reduced in size. Ten months later there had been no relapse.

During the same month four cases of uncomplicated chronic gonorrhea were treated; one of five years, one of fourteen months, and two of nine months' duration. All were cured within twelve days, and three have had no return in the nine months since treatment. The other case has not reported. Gonococci abundant in all discharges.

Sciatica and brachial neuralgia with post typhoid anæmia. Treated ten months ago.

M. W., age 37, trained nurse, unmarried. Blood count, r. b. c. 2,800,000, Hb. 50 per cent. Left knee joint stiffened and second joints of little and ring fingers of left hand were ankylosed. Had typhoid three years ago with severe hemorrhages, and subsequent anæmia had become chronic. Usual symptoms of pallor, dyspnœa, indigestion and nerve exhaustion were pronounced. The sciatica and brachial neuralgia were on left side of body and pain was dull, nearly constant, with paroxysmal exacerbations. The plexus and the nerve were very sensitive and the skin of posterior aspect of leg was shiny and hyperæsthetic. Nearly constant treatment for two years had failed to benefit her in any decided manner. She was five feet nine inches high and weighed 115 pounds. Menstruation stopped six months ago, before which time it had been painful, scanty and irregular.

The Lymph was injected twice a day for fifteen days, and once a day for twenty-five days; the average dose being eight minims. No adjuvant of any kind was used. On the fiftieth day she was free from subjective symptoms, except constipation and intestinal flatulency. She had gained fifteen pounds, and her strength and endurance were markedly improved. The knee joint was freely movable, and the finger joints nearly, but not quite normal. She has had no pain since the eighteenth day, and the nerves were only slightly tender. Menstruation was normal in time and nearly so in amount.

Ten months later she weighs 147 pounds, has had no relapse, the nerves are not sensitive to touch. Her red cells count 4,600,000 and Hb. is over 95 per cent. The only reminder of her previous condition is the slight stiffness in her fingers. Her bowels are regular. No return of pain and no trophic symptoms or tenderness.

Angina pectoris, myocarditis, interstitial nephritis, arterial sclerosis and senile prostatitis. Treated ten months ago.

G. B., age 68, male; unmarried; height, six feet; weight, 175 pounds. His hair was white and senescence was marked in his face and general appearance, although he was still able to do his work as a foreman nearly eight hours a day. Complained of great weakness in his legs. His sexual power had been lost over seven years. He had syphilis over forty years ago. His heart was irregular, sounds were weakened, apex beat in nipple line, palpable, but not visible. He was unusually dyspnoëic after any active exertion. Angina pectoris attacks averaged three a week, lasting about one minute with all classical symptoms. When taking full doses of iodides and nitroglycerine his attacks were greatly lessened. His arteries were tortuous and firm, but not atheromatous. The left ventricle was hypertrophied from the art. sclerosis. His urine was increased in amount, spec. grav. averaged 1012, albumin constant, half of one per cent., casts were long and narrow hyaline and occasionally granular. No uræmic symptoms, except indigestion, although the excretion of urea averaged 1.8 per cent. His prostate was moderately enlarged, and the residual urine small in amount. Catheter used once in twenty-four hours. He began treatment eleven and one-half months ago, and was treated sixty-five days. Dose of Lymph, ten drops, twice a day. No adjuvant given, except 1-40 gr. strychn. sulph. morning and noon for first fifteen days of treatment. He was kept from work the first thirty days.

Results at the end of treatment: No angina pectoris since tenth day; heart sounds normal, except slight accentuation of second sound, rate and rhythm normal, apex beat unchanged, dyspnoea very greatly improved, pulse full and strong. Arteries (brachials and radials) nearly straight, and when compressed cannot be felt below; weakness of legs has disappeared; prostrate nearly normal in size, and he does not use the catheter; urine normal in amount, spec. grav. 1018, urea 2.4 per cent., no albumin or casts (these results obtained in each sample taken every twenty-four hours for last week of treatment).

The improvement in his general appearance is very striking. His face is full, no dilated vessels, many wrinkles have disappeared, eyes bright and prominent, walks erect and rapid, and he says he feels like a young man. He lost ten pounds

and he had some trouble with flushing of face during the first two weeks of treatment. I examined him two weeks ago, which was about nine and one-half months since treatment. The physical examination shows no change from that made at the end of treatment, except that his pulse is a little rapid for him, being eighty-four when sitting down. His urine is normal and his prostate is smaller, if anything, since last examination. Has had two short attacks of lumbago since treatment. His sexual power is restored. He has gained twenty pounds and improvement in his face has been very progressive. He had worn glasses for presbyopia for a year before, and during, treatment, but he found his vision normal shortly after treatment was stopped. The cure of such marked organic lesions is truly miraculous, but the great changes that have taken place in his skin, face, eyes, strength, gait and general appearance are equally wonderful. I neglected to state that I cured his last attack of lumbago with one injection, ten drops of the Lymph. After the injection the pain left him, within six hours, and no subsequent return.

Fatty infiltration with fatty degeneration of heart and excessive obesity. Threatened ischio-rectal abscesses. Treated nine and one-half months ago.

R. R., age 54; family and personal history negative; height, five feet two inches; weight, 265 pounds.

Patient consulted me March 3d, because of recent pain around rectum and suppression of urine. Examination revealed three areas of redness, heat induration and extreme sensitiveness; two being on either side of center of ischio-rectal space, each about three inches in diameter, and one on margin of rectum, size of a silver dollar, of similar appearance and induration. No fluctuation could be elicited. About ten months before his family physician had operated for two very extensive abscesses near location of the first two areas mentioned. Patient's temperature was 102, slight chills had occurred and the catheter withdrew a large amount of urine. He was placed in bed, the areas cleaned with hot water and soap, and a sterile towel applied to the areas involved. The Lymph was injected deeply (one and one-half inches) in seven-drop doses three times a day. No adjuvant was used except a cathartic on the first day. In twenty-four hours he could pass urine freely, and his temperature reached 99.8. In forty-eight hours the areas were less sensitive, pain was absent and the redness and induration was reduced one-half. On the fourth day all symptoms and findings had disappeared. I then incised the area on the margin of rectum, but only blood escaped. I found a few pus cells in the blood. He has had no return. Ten days later he began treatment for his cardiac insufficiency. He complained of easily provoked dyspnoea, very little endurance, lumbago of seven months' duration, palpitation and periodical fainting spells. His wife reported that in these spells he was unconscious at first and then lay in a semi-stupor for nearly an hour. His left side was always weaker after these attacks and he complained of feeling his "heart stop" before they came on. Before he lost consciousness his breathing became irregular. I concluded that the fatty infiltration had for years penetrated the heart's muscle and by pressure had caused true fatty degeneration of the muscle. He had been obese for over twenty-five years.

Had drunk large amounts of alcoholics since his adult life began, and he had a typical alcoholic gastritis. His heart sounds were muffled and his pulse small, weak and rapid, and after brief exercise an accidental or functional murmur was heard over the apex. The heart's cavities were unchanged. Arcus senilis present. His attacks were probably pseudo-apopleptic and his irregular respiration the Cheyne-Stokes type. His legs were œdematous. He was absolutely impotent.

The Lymph was injected twice a day for forty days. Dose, eight to twelve minims. No adjuvant used except occasional cathartics. Results ten days after treatment was discontinued: Has lost twenty-eight pounds, has no subjective symptoms, except occasional heart consciousness and palpitation; lumbago has disappeared, bowels regular and no heart attacks have occurred. He reports no difficulty in total abstinence and is especially gratified with his comparative freedom from dyspnœa and his greatly increased strength, agility and endurance. Physical examination reveals an absence of the functional murmur, and a decidedly strong heart's action. His pulse averaged 74, whereas before they averaged 95 and 100. His apex beat can now be seen and felt. After running around the room for four minutes his pulse were 90 and respirations 22. Arcus senilis still present. Anasarcha entirely absent. His face is much clearer and brighter. Eight and a half months later his physical condition was unchanged and he expressed himself as "feeling better than when I quit treatment." Has taken plenty of exercise since treatment and has lost twenty pounds more. Sexual power restored.

Locomotor ataxia and chronic colitis. Finished treatment nine months ago.

J. S., male, 57 years old; history of syphilis thirty-one years ago; family history negative; carpenter by trade.

Subjective symptoms: weakness in legs, marked incoordination, complete impotence, very little endurance, paræsthesia in hands and feet, lancinating pains, cardiac crises, intestinal indigestion, stools very frequent, often bloody, occasional tenesmus and severe pain over abdomen an hour before meals lasting one to two hours. Diarrhea began eight years ago, and gradually became severe. Lancinating pains began seven years ago and nearly all the other tabetic symptoms followed within ten months. Has been extensively treated by competent physicians with no permanent benefit. Physical examination: Pre-senility, beginning art. sclerosis, face wrinkled, muddy complexion, height, five feet eight inches, weight, 128 pounds; heart and lungs negative; abdomen very tympanitic and extreme tenderness over colon; blood examination, r. b. c. 3,500,000, Hb. 65 per cent. Tabetic symptoms: irregular areas of anæsthesia on trunk and over entire left thigh; incoordination in both upper and lower extremities very severe, walks slowly with one cane; A-G pupil and loss of tendon reflexes; Romberg symptom pronounced, and "padded" feeling in feet; sphincters normal.

This case was selected because of its classical character. The Lymph was injected in eleven-drop doses twice a day for eighty-five days. The adjuvant (goat's blood) was used the first thirty days. On the thirtieth day I began to educate him to make coordinated movements. Before the fiftieth day the incoordination had left the upper extremities, his pains were entirely removed, and

the anæsthesia had left the trunk. On the eightieth day the tabetic symptoms were entirely absent, except the padded feeling in his feet. He walked normally, could walk in the dark, did not stagger with eyes closed, sexual power restored, reaction of pupil and reflexes normal (except sluggish left knee jerk), no pains or anæsthesia. The padded feeling of his feet did not disappear until two months later. The colitis was cured, except a moderate diarrhoea, on the sixtieth day. He gained twenty-six pounds. Looks brighter and can work at his trade ten hours a day.

Nine months later. Patient has lost but two days' work since treatment. This was caused by a slight return of colitis symptoms, which, however, disappeared entirely within seven days. Physical examination revealed no change, not one abnormal finding, except mild arterial sclerosis. He looks at least ten years younger than when I first saw him.

This is a most remarkable result in advanced tabes.

The Journal of the New Animal Therapy.

OFFICIAL ORGAN OF THE AMERICAN ANIMAL THERAPY ASSOCIATION.

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EDITORIAL.

The functions of this Journal will be as follows: (1) To advance the interests and record the developments of animal therapy, more particularly the animal derivatives prepared by the Roberts and Roberts-Hawley processes; (2) to invade the domain of general medicine only so far as to publish articles on the differential diagnosis, etiology, pathology and adjuvant treatment of diseases treated by the Roberts and Roberts-Hawley Lymphs and animal extracts; (3) to discuss the formulas, theory of preparation, physiological action, therapeutics, etc., of all animal derivatives made by the Roberts and Roberts-Hawley processes; (4) to be a medium for the interchange of opinions of those using the remedies and to record their clinical results.

* * * * *

We regret our inability to publish an article from Dr. B. F. Roberts. Dr. Roberts is now in Rome, Italy, and the three weeks allotted for the preparation of this issue of the Journal is not sufficient time in which to receive his reply to our request. The next edition will contain a full recital of his researches, experiments and new discoveries in animal physiology. The purposes of his European trip are to introduce his discovery to several European physicians, to obtain some different materials for new animal extracts, and to transport to America a number of Siberian beaver. The dried contents of the prepuccial gland of this animal are now combined with goat's blood in the adjuvant which we administer with the Lymphs. As the contents of this gland represent nearly the highest type of cell life, it would be very helpful to our Compound if we could combine these contents, extracted during life, with one of our special Lymphs, using the Roberts process. We have arranged to keep the animals in the northern peninsula of Michigan. Dr. Roberts will also examine the lymphatic systems of several species of goats with a view to using them, if they are found to be superior in quantity or quality.

* * * * *

We have purposely devoted nearly the entire space of this issue to clinical reports from physicians using the Roberts Lymph Compound. A number of the articles contributed we have had to shorten in order not to establish the precedent of a larger sized journal than we would be able to maintain in the future. For the same reason several articles we have had to reject, and others we have rejected because of the lateness of their arrival. Our subsequent editions will contain

our laboratory reports, experiments in physiological action, summarized reports from all our institutes, animal experiments with micro-photographs, adjuvant therapy and systems of diagnosis. We shall solicit original articles from our physicians on methods of using the Lymphs, side treatments, prognoses, ethics, management of institutes, clinical results, etc. It has been thought unnecessary to publish our statistics in the Journal, as they have been printed, and will be sent to any physician on application. All communications should be addressed to the "Medical Director of the Roberts Lymph Treatment, 3515 Grand Boulevard, Chicago, Ill."

* * * * *

Failures of the Lymph Treatment.

We are frequently asked to name the diseases in which the Lymph has been used with little or no benefit. The diseases which the Lymph has benefited very little are as follows: hypertrophic cirrhosis of liver, leukemia, surgical kidney, paralysis agitans (20 cases treated, with 4 cures and 16 very moderately benefited), a combination of morphine and cocaine habit, pernicious anæmia and Erb's syphilitic spinal paralysis (one case cured out of nine treated). The diseases in which it has failed entirely are as follows: ataxic paraplegia, chronic myelitis, third stage of general paralysis of insane, malignant disease, diseases attended with high temperature and a large number of acute diseases. It is hoped that some of the new Roberts-Hawley Lymphs will be found curative or greatly beneficial in a few of the above diseases.

* * * * *

A Plea for Greater Liberality in Medical Ethics and for a Closer Relation Between the Medical Profession and the American Press.

While we realize that the medical profession has a greater need of a thorough system of ethical laws than any other profession, and that physicians honestly intend their code to be based on the highest principles of honor and humanitarianism, we also believe that there are few physicians who have not observed a few pronounced absurdities and truly harmful features in the code of ethics now in use.

The profession justly claims to outrank all others in the benefits it conveys to humanity, and yet it has environed itself with certain ethical regulations which zealously protect the dignity of the profession at the expense of this fundamental principle of benevolence. Parts of the Code convey the impression that the maintenance of professional dignity and exclusiveness is of vastly greater importance than the advancement of measures for the better alleviation of human suffering and a closer relationship between physicians and the general public. We refer more particularly to three precepts of the present Code.

First: It does not indorse consultations between regular practitioners and (legally recognized) irregulars, such as osteopaths and homœopaths. The object of this restriction is, presumably, to discourage irregular practice and to protect the dignity of the regular physician. It accomplishes neither of these objects, and it often results in prolonging human suffering and in the occurrence of a preventable death. In no way does it injure the irregular physicians or lessen the

number and patronage of those who graduate each year. On the contrary, the patient applauds the "irregular" for his liberality in sending for, or consenting to consult with, a regular, and condemns the latter for the inhumanity of his refusal. The fact that a regular physician will see the patient if the patient dismisses the irregular does not remove the objections to this regulation, for the patients may have good and sufficient reasons (in their own minds) for not dismissing a legally recognized physician—and it is not right that they should be made to suffer when they have exercised their best judgment. The injustice of this rule is tacitly admitted in the "Explanatory Declarations" of the Code, where allowance is made for "emergency" cases.

Second: Another ethical law prevents a physician who discovers a new remedial principle from receiving any special remuneration for his labor by denying him the legal privilege of protecting himself in its manufacture and sale. I refer only to the discoverer of an entirely new therapeutical principle, not to one who makes a new combination or alteration of already known remedial principles.

The profession adopted this ethical rule, which is not used by any other science, not only to dignify their art, but also with the honest intention of benefiting humanity by bringing into general use all new medicinal agents.

Let us review the practical results of this law and observe whether or not its purposes have been realized.

Instead of only discouraging commercialism on the part of physicians it has given the proceeds of their medical discoveries to wholesale druggists and encouraged injurious commercialism on the part of non-professional manufacturers. This kind of commercialism is encouraged in two ways, viz.:

(1) Physicians who have spent years of labor completing new therapeutical principles must immediately publish all the details of the formulas and methods of preparation of the new remedies. As these physicians are not wealthy, and as even their limited incomes have probably been depleted by the expenses of their original researches, they are unable to cope with the capital and business methods of wholesale druggists, and the profits from the manufacture and sale of the new discoveries pass out of the hands of the rightful owners.

(2) The preparation and sale, by non-professional capitalists, of all kinds of proprietary remedies and so-called "new principles" is likewise encouraged. They realize that the field is all their own, as it is barred to competent practitioners of medicine by ethical and financial restrictions. Over half of these preparations are worthless and the unjust system serves to obstruct and confuse medical progress.

Why should physicians not join humanity in its efforts to make "right, not might, rule?" Let us see if this ethical restriction does not injure both medical progress and the welfare of humanity.

1. The progress of therapeutics is decidedly retarded. Physicians with limited means cannot afford to spend time and money for honor alone; honor is certainly a glorious reward, but it will not feed a family or pay the rent. Prominent physicians with larger incomes are too often busy maintaining prominence and income to contribute time and funds for exhaustive original research.

All classes of physicians realize the injustice of protecting all scientific inventions, and discoveries, except medicinal, when apparently the sole result of the arrangement is the preservation of professional dignity and the aggrandizement of wholesale pharmacists. Most of the few great discoveries that have recently been made in therapeutics have come from physicians with more than average prominence and incomes. Lack of financial reward keeps physicians less fortunately situated in reputation and income from original research, and yet experience has shown that in the sciences as a whole, this is the class of individuals who have demonstrated the most inventive genius.

It cannot be denied that the chances of therapeutics becoming an exact science would be greatly increased if all classes of physicians were encouraged to original effort by a just and suitable reward for their industry. Therapeutics is the most important feature of medical art and yet of all others it is in a state of greatest crudity and incompleteness.

2. Humanity is made to suffer and the progress of internal medicine is further obstructed and confused by the encouragement given pharmacists to fill the market with more or less worthless proprietary compounds, etc., the formulas and preparation of which are either vaguely or falsely published; or the formulas are published and the preparation withheld; or the entire compound is kept secret; and they often advertise a combination or alteration of known drugs as an entirely new remedial principle.

This kind of commercialism, in addition to discouraging professional inventive genius and injuring the cause of suffering humanity, directly antagonizes a necessary adjunct of medical science—the honest retail druggist. The small profits from his sale of proprietary remedies and the endless stock of which he must keep forever on hand, because of the new ones so rapidly gotten out, force him either to give up his honest methods and do counter prescribing and encourage the sale of patent medicines, or go out of business; in either event the medical profession is directly injured.

3. The accuracy and quality of newly discovered principles would be assured if physicians discovering them controlled their manufacture. Physicians would be governed by professional zeal and knowledge in maintaining the merit of their own product, and methods for its improvement would be in the safest hands.

4. This unjust discrimination establishes an unnatural precedent, which is opposed to all laws of compensation, justice and human equity.

Why should the physician be the only scientist who is denied the protection of the national law which permits inventors to exclusively manufacture and sell for a limited period, their new discoveries? If the physician published the physiological action of his new principle and sufficient of its formula to insure its intelligent use, why should he not supply the demand for its use? It cannot injure one's dignity to receive the just reward of one's labor.

When a poor unknown inventor completes a new mechanical discovery, only to have it stolen by a capitalist, we bitterly condemn the injustice of the act, and call it an outrage; but when a similarly qualified physician spends years of labor and financial outlay completing a new remedial discovery, only to give the

profits of its sale to wealthy wholesale druggists, we condemn nothing—we call it ethical necessity.

The ethical law doesn't even protect professional dignity, for there can be no conservation of dignity in taking away a physician's just earnings and legal rights, and promoting unjust and unprofessional commercialism.

Physicians devote their lives to the care of suffering humanity, but they should not be expected to devote their property rights to the aggrandizement of capitalists. Dr. Horatio C. Wood says that the physician who discovers a new remedial principle "should have the same inalienable right to the results of his labor as he who first placed the eye in front of the sewing needle."

Third. Medical ethics do not permit physicians to allow the newspapers to publish the nature and uses of their new therapeutical discoveries; they discourage any relationship between the profession and the press, and all attempts to inform the public of that part of medical news and information which directly concerns its welfare. Let us repeat that we refer only to the transmission of such medical news as directly concerns the welfare of humanity, in no way alluding to medical advertising.

Practically speaking, it would seem that this restriction has been modified, for we constantly read in the daily press of the acts and cures, and even medical publications of *prominent* physicians and surgeons (especially the latter) without subsequent criticism. It seems as if the rule were made more for physicians who are unable to prefix the adjective "prominent" to their titles.

This ethical rule likewise results in injury to humanity and the progress of therapy, and the effect can only be excused on the ground that the preservation of professional dignity and exclusiveness is of the greater importance.

Let us exemplify the meaning of this statement. We will suppose that Dr. A. spends a good many years of his life in intelligent and conscientious effort, completing the preparation and subsequent study of a new animal derivative or other new remedial agent; and that he proves to his own satisfaction and that of his neighboring physicians, that it will cure or greatly benefit a large number of diseases which have hitherto baffled the skill of the medical profession. We will also suppose that he is possessed of a scientific mind and an inventive genius, but that he is unknown to the general profession—in other words, he is not a "prominent" or even a "well-known" physician. Now, if he strictly follows ethical rules he must not allow his discovery to be published in the newspapers, or to directly inform humanity of the nature, action and results of his new remedy. He must publish his claims solely in medical journals. As the physician is not known outside of his own territory, as he is obliged to make great claims for his discovery, and especially if he has great difficulty in expressing his ideas clearly and scientifically, his remedy will have a very uncertain career. His theories will either be read by a few prominent physicians, who will declare them unscientific or chimerical, or, if otherwise impressed, will neglect to publish their criticisms; or unscientific or careless experimenters will use his discovery and report all kinds of contradictory results; or competent physicians will use it and spend many months or years before they will give it any appreciable amount of indorsement; or incompetent physicians will find its

use followed by injurious or fatal results, due entirely to their own carelessness, and then loudly proclaim its dangerous character: As a rule the very brightest hope for this unknown doctor would be to have his discovery used by a small part of the profession, after it had run the gauntlet of unnecessary conservatism for three or four years, about which time some better equipped scientist would claim to have improved his discovery, in which event he would acquire a secondary reputation, and in any event an empty purse. On the other hand, the chances for even this reward of merit are decidedly in the minority. As has been said, experience has shown that just such unknown individuals as have been described, are the ones to whom Science is indebted for her greatest inventions, and the same experience would be realized in the science of therapeutics if this kind of genius and talent were given proper encouragement. The effect of these uncertainties and delays on suffering humanity and medical progress are too apparent to require discussion.

No such unrecompensed and uncertain career embarrasses the introduction of the so-called new preparations of the proprietary medicine specialist. He borrows some good doctor's ideas and gets out a new remedy with a high-sounding name and a complex, deceptive formula, with or without a fictitious method of preparation, advertises it in medical and often non-medical journals, claims for it every possible merit, fills physicians' letter boxes with endless literature containing all kinds of testimonials signed by all kinds of physicians, and inside of six months his new remedy is bringing him all kinds of profit and reputation.

Now, let us review another method of introducing a new remedial principle. The same Dr. A., who can demonstrate even to laymen that his new remedy will at least do a great deal of good, sends his theories to a medical journal, and at the same time asks a well-known newspaper to send a reputable physician to investigate his results and the nature of his discovery. Newspapers all over the country copy this press publication, regarding Dr. A.'s discovery and its results. Patients similarly afflicted urge their family physicians to use the new remedy on themselves. The physicians satisfy themselves that the remedy can do no harm, and as it is the only hope offered their patients, they begin its use. Very soon it is in general use, prolonging life and alleviating suffering, instead of allowing thousands of patients to suffer and die, while the remedy was being run through the mill of professional uncertainty and ultra conservatism, to be lost forever, or to be in general use only after years of uncalled-for delay.

This method will be criticised as encouraging dishonesty and the deception of the public, when, as a matter of fact, it would operate in an exactly opposite manner.

If the American press were encouraged to assist the profession in doing good, would it not likewise assist in preventing evil? A closer relation between the medical profession and the press would cause the newspapers to hire medical reporters and call physicians to their editorial staffs, as is now done in several of our cities. This would prevent the present method of newspapers publishing stories about "new medical discoveries" for \$1.00 a line, and it would so dignify their medical efforts as to cause all publications to be preceded by proper inves-

tigation. Under the present arrangement, which keeps them from publishing medical facts, they are encouraged to publish many medical fictions, so long as they are sensational, and thus charlatanry and humbuggery are encouraged.

Furthermore, this closer relationship would cause the press to heed the opinions of scientists as published in the journals of the profession. Even admitting that some of these published remedies should prove a failure, would not their effect be more than counteracted by the immense amount of good that would be done by the successful ones? Such recognition would greatly encourage original research and greatly advance the cause of humanity and medical progress.

The objection will be made that it would lower the dignity of the profession to have its developments in the treatment of disease published by the American press. No other science considers it undignified to have its developments published in newspapers. On the contrary, it is considered an honor and a necessary aid to progress.

The press of a country is that country's medium of education and the true protector of its prosperity, progress and even its safety as a state. Does the medical profession so greatly outrank the newspaper profession? Are they not both equally concerned in the advancement of the welfare of humanity?

No one is more concerned in the progress of internal medicine than the lay public; but they cannot comprehend the diction of medical journals.

Parts of our present code of ethics, which were intended to equally protect physician and patient, practically obstruct their own functions by overprotecting both interests, and, therefore, let us suggest a few changes:

First. Let us consult with all legally recognized schools of medicine so long as they continue to be dignified by legal protection and thus appear to part of the laity as our equals at least in the eyes of the law. If we believe that these schools are unscientific, and that it is our duty to endeavor to suppress them, the surest way to defeat our intentions and injure our own reputation is to draw ourselves up and say, "We will not consult with you, for it will do no good." It will do no harm and will often do great good to afflicted patients and it will strengthen our reputation for being true disciples of humanitarian principles.

It has been truthfully said that all we have to do to be ethical physicians is to conduct ourselves as true gentlemen.

Second. Let us allow physicians who discover an entirely new remedial principle, to be protected by law in its exclusive manufacture and sale for a reasonable period. Have them file with the authorities all the details of the nature, origin, extraction and preparation of the new principles, and publish their physiological action, synergists, antagonists, incompatibilities and sufficient of their nature to allow physicians to use them intelligently; and let us insist that the patent office shall have in its employ competent physicians, chemists, and pharmacists to pass upon the foregoing facts.

The results of this new arrangement would decidedly stimulate original research and medical progress; conserve the humanitarian principles of the profession; remove an unjust and unnecessary restriction from our code, which restriction is opposed to the precepts of law and common sense; insure a better

quality of selection and preparation of ingredients; discourage the present state of polypharmacy and confusion in therapeutics due to the encouragement given wholesale druggists, and also place the development of therapy more in the hands of physicians and less in the hands of laymen and pharmacists.

Third. Let us establish a closer relationship between the medical profession and the daily press, by encouraging the press to publish all new developments in therapeutics and other medical news which can in any way benefit or interest the lay reader.

The necessity for this arrangement and the benefits it will convey are very apparent. There is no reason for keeping the public ignorant of all medical progress, as if the subject were too sacred for vulgar eyes. All other scientists are honored by newspaper mention of their acts. Why should not meritorious physicians be similarly recognized? The present garbled and sensational reports of medical news would not occur if physicians assisted the press in obtaining the facts. Co-operative measures on the part of the profession would necessitate medical representation in the reportorial and editorial departments of the press, which would revert to the greatest good of medical advancement. Charlatany would be less patronized; deception would be less practiced; inventive talent and therapeutical progress would again be stimulated; instruction in hygiene and preventive medicine could be directly conveyed to those most concerned, the great benefit of which cannot be overestimated; all relations between physicians and their clientele would be strengthened, and professional effort would receive that encouragement and reward which its unselfish and self-sacrificing character so richly deserves.

CORRESPONDENCE.

REPORT ON THE ROBERTS-HAWLEY LYMPH.

By DR. RICHARD LULL, Superintendent Chicago Institute.

To Joseph R. Hawley, M. D., Medical Director.

I herewith submit for your consideration a report upon the use of the new Roberts-Hawley Lymph. The length of time this Lymph was employed in the several instances averages about fifteen days. For convenience I have designated the new Lymph as "Special."

The cases selected were those which, for one cause or another, seemed not to respond so well as they had at the commencement of the treatment with the ordinary Lymph Compound.

Case No. 1.—G. K. B., age 50, locomotor ataxia of three years' duration, marked ataxic gait, anæsthesia of the anterior aspect of both thighs and both legs, and great fatigue upon exertion. He had been treated about fifty days with considerable improvement, but for the last three weeks of the treatment, owing to excessive fatigue, the result of overwork, he did not seem to be progressing. We commenced with four drops of the "special" Lymph, night and morning, with marked improvement from the second day; much less fatigue was noticed notwithstanding the continuation of his excessive work. He slept well, no pain at night (he had complained of occasional attacks) and area of anæsthesia noticeably lessened. His gait was steadier and at this time (fifteen days from commencement of the special Lymph) instead of leaning against the wall to dress he "jumps into his trousers," as he expresses it.

Case No. 2.—J. R., age 65, chronic interstitial nephritis and muscular rheumatism. He had been treated thirty days and was improving in a general way. The rheumatic pains, however, were more or less persistent, although less severe. He was given four drops of the special Lymph twice daily, and after the third day was entirely free from pain, for the first time in four months, and as a consequence slept well. At this time the feeling of well-being and increase in strength is marked. Urine free from albumin and fatty casts.

Case No. 3.—W. A. B., musician, age 32, neuræsthenia and insomnia, with marked tendency to melancholia. He had been in a sanitarium for treatment twenty weeks before coming to us. After thirty days' treatment some improvement in his condition was noticed. He was generally solitary in his habits, shrinking in his manner and avoiding people, complaining of great exhaustion, accompanied with rapid heart action on slight exertion, or even as the result of forced or prolonged conversation. This case was the first upon which the special Lymph was used. We gave him four drops, gradually increasing to eight drops, twice daily. For the first few days the change seemed to be one of stimulation; now, at the end of two weeks' time, the change is quite marvelous. He does not avoid people, instead rather enjoys meeting and conversing with them, and from being indolent and willing to be about his room the entire day, he has changed to an energetic and occupied being. Old pleasures and amuse-

ments appear attractive, there being no more day dreaming or hunting for trouble. His heart action is slow and regular, appetite good and sleeps soundly all night.

Case No. 4.—J. A. A., express agent, age 48; paralysis agitans, which has existed since his fourth year, involving the muscles of the neck and head. Enlarged prostate and irritable bladder. He had been treated forty days, after which time the irritability of the bladder and soreness in the region of the prostate had almost entirely disappeared. Head symptoms not much altered. Began by giving him six drops of the special Lymph, twice daily. Now, after twelve days' treatment, he shows a marked decrease in the muscular twitching of the head and neck, and for short intervals an almost entire absence of same.

Case No. 5.—P. M. B., age 38, commercial salesman; neuræsthenia, general and sexual. He had been treated forty days with much improvement of general health and strength, and a noticeable improvement in the sexual power; but he still experienced considerable mental fatigue if confined too closely in a business way. Fourteen days ago we put him upon six drops of special Lymph once a day, and gradually increased it to nine drops, with most marked improvement in mental condition, being active and eager for business. Sexual power completely restored.

Case No. 6.—J. S., age 55, restaurateur; locomotor ataxia of two years' duration, which we had been treating sixty days. Improvement in general condition and disappearance of pain in the legs and burning sensation in the feet. Also some improvement in the ataxic gait. Stiffness in the muscles of the legs and trouble in going down stairs still marked. Sixteen days ago began with eight drops of special Lymph night and morning. On the fifth day a marked improvement in the stiffness of the muscles of the legs was noticed, and at this writing (fifteen days after beginning with the special Lymph) the patient steps quickly up and down stairs, with scarcely a perceptible hesitation, and walks quickly from one end of the room to the other, making a complete "about face" and returning with very little, if any, wavering from a straight line. Not only this, but the Romberg sign, which was well marked at the beginning of the treatment, has almost ceased to be apparent. This case, to my mind, shows quite the most improvement as a result of the use of the improved Lymph.

Case No. 7.—C. B., clerk, age 45; muscular rheumatism. This case was under treatment for forty days previous to his going on a vacation, which took the form of a camping trip. His improvement was quite marked, but after a two weeks' stay in Northern Michigan in a temperature unusually cool for the season of the year and sleeping in the open air, he had a sharp return of the muscular pains, which persisted after three weeks of treatment on the old Lymph. He was then put upon seven drops of special Lymph night and morning, with more improvement after the fifth day than at any time during his entire treatment. This has continued until at the end of fifteen days there is an absolute absence of pain and a "loosening up," as he calls it, of the muscles, especially those of the thorax. Says he has not been able to take an absolutely full breath until now in over a year.

Case No. 8.—T. H. R., age 50, collector; locomotor ataxia (preataxic stage)

and insomnia. Complained of great muscular weakness. He had been under treatment for sixty days, with considerable improvement in the muscular weakness; slept well and an area of anæsthesia on the anterior aspect of the right thigh, which existed at the commencement of the treatment, had entirely disappeared. He could not, however, rid himself of the feeling of stiffness in the muscles of the legs, which interfered greatly with the performance of his duty, that of a collector. We put him upon seven drops of special Lymph, twice daily, with the result that he has been able now, at the end of seventeen days' treatment, to take upon himself a third more work, getting in and out of his carriage with no trouble, and he expresses himself as being as supple and strong as he ever was.

Case No. 9.—Mrs. G. A. R., age 56; chronic parenchymatous nephritis. At the end of sixty days of treatment with the old Lymph the patient showed a marked improvement in her general health, and a gain of thirteen pounds in weight. Examination of the urine showed only a trace of albumin; she was passing three and a half pints in twenty-four hours, with a specific gravity of 1015. The œdema of the legs around the shoe-tops had entirely disappeared, but she did not seem to be gaining rapidly enough in muscular strength in the last week or two of her treatment. We began to give her six drops of special Lymph night and morning. After five days' treatment she began to feel more energetic and inclined to tax her strength by shopping excursions, the first she had made since coming to the city, and in every way was feeling stronger and better. At this time (fifteen days after beginning with the special Lymph) she has spoken for the first time of a desire to return to her home, in the near future, thoroughly recognizing her own improvement and planning for the future.

Her urine is absolutely free from albumin and casts; she passes two and a half quarts in twenty-four hours, and specific gravity is 1018.

Case No. 10.—E. J., age 44, attorney; neuræsthenia, chronic alcoholism with insomnia. He had been treated forty days, which resulted in a complete cure of the insomnia and marked improvement in the general health. He had also completely lost his desire for liquor. Being of an intensely nervous temperament, he found, upon resuming his professional work, that he was still unable to concentrate his mind on his business. We put him upon small doses of the special Lymph, which was rather quickly increased to eight drops night and morning, and, after sixteen days of treatment, he says that he is mentally more active than he has been in the two years previous, being full of energy and desire for work.

Case No. 11.—Rev. J. E. R., age 72, typical case of senility with prostatitis, irritation of the bladder and chronic interstitial nephritis and arterial sclerosis. He had been treated seventy days with marked improvement, and almost complete disappearance of all symptoms. Increase in general strength and heart-tone, and a nearly complete disappearance of prostatic hypertrophy and accompanying bladder irritation. Urine, normal in quantity and in specific gravity. Microscopic examination of the urinary sediment failed to show more than one cast in six fields of the microscope. There was a general loosening up of all of the

muscles, with the exception of those of the neck and head, and he reported a stimulation of the sexual functions to the extent of causing two nocturnal emissions in the last three weeks of his treatment. There did not seem much more to do, for this now, not so old, a gentleman; he was, however, put upon the special Lymph in guarded doses and gradually increased so that he got eight drops once a day, with the results that at the end of ninety days' treatment (twenty days of new Lymph) he noticed a rather sudden giving way of the stiffness of the muscles of the neck, which had been so noticeable to him in former days while trying to go through the exercises which he had been taught at a sanitarium where he had spent almost two years in trying to regain his health. His urine has become normal; his prostate is about normal in size and his sexual power is completely restored. This case is, to me, the most gratifying cure in all of my professional experience, and if the Lymph treatment could do but this alone, it would need have nothing more said for it. The man looks and acts fifteen years younger. His brachial arteries are now straight and decidedly less firm.

In conclusion I will state that, judging from the foregoing results, the Roberts-Hawley Lymph, to my mind, is more active, produces more decided and quicker results than the old, and that the necessary dose for the accomplishment of these results is materially smaller. Owing to its containing a great many more cells and new extracts its action is more thorough, more positive and reaches many diseases outside of the ordinary Lymphs' physiological action.

There is also a fact worthy of mention here; viz., owing to a marked difference in the character of the sediment in the new Lymph, it being apparently softer, and more flocculent, absorption takes place more readily, there is less tendency to irritation and absolutely no induration at the seat of the injection, as the result of its use. A further fact, which is most gratifying, is the quickly apparent benefit to the patient himself, which is no small factor in the successful treatment of patients afflicted with chronic diseases.

Respectfully yours,

(Signed) RICHARD LULL, M. D.,

3907 Prairie Avenue.

Superintendent.

OUR RELATIONS TO PHYSICIANS AND PATIENTS.

By WILLIAM WARREN TOWNSEND, M. D., Rutland, Vt.

When our worthy Editor and Medical Director requested me to write an article on the above topic for our first number, I was for a time puzzled with its proper interpretation. To patients I am sure our duties are as follows: the alleviation of suffering in a scientific manner and honesty in making a diagnosis and prognosis. To physicians my experience so far has been that we have two classes to contend with, which I will designate as Class A and Class B.

Class A are the honest professional gentlemen who say they are open to conviction and are willing to watch and investigate. Class B are those who

condemn our theories without investigation and call them a "humbug and fraud," and never allow an opportunity to escape them to proclaim their negative know-it-all-isms.

The latter class, it is useless for me to say, I have no regard for, and will not in any way try to convince them of the merits of the Roberts Lymph, unless they request me to do so when they become members of Class A, and the only way they will learn of its merits or demerits will be by the observation of patients of which they have personal knowledge. Class A, in my opinion, are true professional gentlemen who are open to conviction, and I believe it to be our duty to do all in our power to enlighten them in the physiological action and uses of the Lymph and not in any way to violate the usual code of medical ethics, i. e., prescribe for or consult with patients who are under the care of other physicians without consent of those physicians.

We are living in too enlightened an age—the age of scientific progress with its constant miraculous advancements—for anyone to condemn an announcement of a discovery upon imaginary, prejudicial or superficial information. The expression of a negative dogmatic opinion upon a new scientific proposition, without proper investigation, is not conservatism or even pessimism; it is true ignorance. I have no patience with the bigot who, under the cloak of apparent learning, will throw out his chest, elevate his nose and say of a remedy, "It is a humbug, pure and simple." Whereas, honest investigation dictated by his duty to his art and his patient might be the means of suggesting a form of treatment which would bring the wage earner of the family into the labor field from his bed, and provide clothing and necessities of life to a family of small children.

A physician never started to Chicago to investigate the Roberts Lymph treatment more honestly conservative, yet unprejudiced, than myself; and to say that I was convinced of the representations made to me is needless, as I am to-day using the Lymph in my practice, and so far have seen results that I know I could have obtained by no other form of medication known to science.

In conclusion let me say I believe it is our duty to patients, as stated before, to be honest in diagnosis and prognosis, saying that we will do all in our power, and then to religiously do it.

To physicians, Class A. Allow them to examine cases with you before starting treatment, and from time to time during same, and at all times be ready to answer interrogations and willing to extend to them that professional courtesy which binds medical men together for mutual study and research.

To Class B. I should advise a quarantine. Leave them alone and let them learn from bitter experience those truths to which they are not even willing to listen. Narrow, egotistical and excessively conservative physicians do more harm in the world than all the followers of Mrs. Eddy and "Dr." Dowie combined.

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LETTER FROM DR. HORACE R. POWELL.

(For the "Journal.")

Poughkeepsie, N. Y.

Dear Dr. Hawley:—I have started my Institute in one corner of my "7x9" office. Have on hand two cases, while several are looking on "from afar off." From present appearances I am quite sure of an opportunity to show good results to both the profession and the laity. The miraculous results reported by the doctors at the New York meeting have filled me with enthusiasm. If I can only secure one-half the results they have gotten, I shall be more than satisfied. I have used the Lymph less than 20 days, and already feel positive of a brilliant future.

Case No. 1.—J. H. B., age 39, commercial traveler, hereditary disease, none. Gonorrhea in good old-fashioned style, 20 years ago, and for many years guilty of sexual excesses. Two years ago noticed early symptoms of *tabes dorsalis*, the pains becoming so severe as to interfere with sleep, and requiring enormous doses of phenacetine and codeine.

Came to me in very aenæmic state September 20, 1890. Extremities cold, nutrition impaired, marked atonic dyspepsia, heart weak, pulse 67. Urine, specific gravity, 1010, no albumin, no sugar, excess of phosphates. Romberg symptom marked, hearing normal, shooting pains in extremities, blurring before the eyes, incoordination marked, muscle tremor, cushion-like feeling beneath feet on walking, knee-jerk entirely lost, slight ptosis left upper eyelid, Argyll-Robertson pupil, local areas of anæsthesia. He has been given from 5 to 7 minims of Lymph, twice daily, with the adjuvant first in drachm doses and finally in half-drachm doses. All symptoms have been lessened in severity, and he is now sleeping well. He goes up and down stairs without the aid of a cane or railing to lean on. Walks erect and with increased elasticity and decreased fatigue. His facial expression has shown marked improvement, and he is naturally enthusiastic and anxious to be used as a reference.

Case No. 2, briefly as follows: E. F. G., male, 36 years of age, unmarried. Occupation that of stockkeeper. Had la grippe in 1892 for six months, recovery being slow and incomplete and attended with depression, physical and mental. In 1898 was confined in an asylum for two months and discharged improved. Has taken two or three sanitarium and "water cures" without benefit. Came to me October 1, 1899, with melancholia, having delusions of persecution. Habits good, general condition fair but sleepless and very despondent, being partially impotent.

Have given him full doses of adjuvant with 8 minims of Lymph, twice daily. He has still a few delusions, but in every other way has steadily improved. His sleep is practically undisturbed.

In the next issue I shall give a complete account of my work, which I feel sure will be extensive. I anxiously await the first number of the "Journal."

I send to each one of our little band a kindly greeting, and ask each to excuse this somewhat incomplete report. May the crop of "old tin cans" and "hoopskirts" continue good. We must have goats, and goats must receive proper nourishment.

REPORT OF THREE CASES TREATED WITH ROBERTS LYMPH COMPOUND.

By W. HALLOCK WHITE, M. D., Grand Rapids, Mich.

Case No. 1.—A. B., age 35. Contracted syphilis in 1891; treated three years.

Contracted gonorrhea in 1894 and twice since; the last in 1897. After the attacks of gonorrhea in 1897 had rheumatism for one and one-half years. Patient has never been well since contracting syphilis in 1891. Has never had any general outbreak of syphilis except the secondary symptoms in a moderate degree. The rheumatism has left no marked thickening of the joints, but there is considerable soreness and tenderness with stiffness and redness of knee joints. Muscles are so stiff and sore that they also interfere with motion. In wet, cold weather the symptoms are all exaggerated. Has a constant backache; rheumatism is so bad that at times he has to remain in bed; at other times he is able to get up with some assistance. He has used tobacco to excess. Appetite fair, sleeps very poorly, and only able to lie upon his abdomen. Not able to sleep on sides or back at all. Digestion was very poor, tongue coated whitish brown. Bowels always constipated and has a "bilious" attack every few days. Respirations weak and irregular. Pulse irregular, cutaneous circulation poor. Specific gravity of urine was 1026, high colored with sediment of phosphates and urates. Nervous and irritable, indigestion, etc., etc. My diagnosis in this case was gonorrheal rheumatism and syphilis, with constipation, indigestion and poor circulation. My prognosis was favorable. I commenced on September 15th, and after treating fifteen days patient said he felt perfectly well, except a very slight headache over right eye. In fifteen days he had lost one-half pound. From the 15th day of September to the present time patient has lost about five days' treatment, while hunting. I think I shall treat this patient about one week more, then advise him to discontinue, but I shall keep him under close observation and watch results. I am positive he is completely cured. No more evidences of tertiary syphilis. Physical examination negative.

Case No. 2.—Mrs. M. Coon (by permission), 25 Henry street, Grand Rapids. Age 55, married, height five feet five inches, weight 142 pounds. Chronic articular rheumatism of ten years' standing. Knee joints stiffened and tender, unable to bend them in morning until after active or passive motion. Pain moderate but excessive when acute exacerbations occur. Joints show marked stiffness when manipulated. Irritability and exhaustion of nervous system, dating since menopause. Examination of urine shows excess of urates and phosphates. Average dose of Lymph $6\frac{1}{2}$ minims. Treated 22 days. A complete cure. Joints freely movable at all times, no stiffness, soreness or pain. Urine normal. Patient says she feels stronger and less nervous and irritable than she has in eleven years.

Case No. 3.—E. C., age 57; married, height five feet eight and one-half inches, weight 190 pounds. Senile prostatitis, impotentia coeundæ, rheumatism. Nutrition and strength poor; skin sallow; joints stiffened from presenility and rheumatism; pulse irregular, slow and weak, probable myocarditis; gait stumbling and restricted motion in joints; loss of strength and endurance. Pros-

tate markedly enlarged and very tender. Urination obstructed and frequent. No catheter used. Marked insomnia. Treated 30 days. Dose of Lymph averaged $9\frac{1}{2}$ minims, twice a day.

Results: Prostrate normal in size and not sensitive. Urination free and not too frequent. Sexual power restored. Gait nearly normal and joints freely movable. Sleeps soundly all night. Great improvement in strength, nutrition and heart's action. Patient's face is brighter, of better color and nutrition. Urine normal and no evidence of rheumatism.

73 Monroe Street.

SUMMARY OF SIXTEEN CASES TREATED WITH ROBERTS LYMPH.

By DR. I. M. ROBERTS, Milan, Missouri.

I have used the Lymph nearly three years and have treated over 300 patients. Nearly all of these patients have been unable to find relief in any previous treatment, and over two-thirds had so-called incurable diseases. The Lymph failed to greatly benefit less than seven per cent.

Below I give a synopsis of my results in 16 cases, the patients having consented to the use of their names and addresses if their publication were confined to this medical journal.

E. E. Frazier, Milan, Mo., age 44 years. Chronic art. rheumatism, very severe, joints all severely stiffened. Nine drops of Lymph twice a day 35 days. Complete cure of rheumatism and greatly benefited senility. Treated a year ago. No relapse.

Mrs. J. L. King, Milan, Mo., age 39 years. Chronic bronchitis, moderate emphysema and nerve exhaustion. Seven drops twice a day 40 days. Chronic bronchitis completely cured. Emphysema greatly benefited. Nervous system normal. No relapse.

E. Ash, Milan, Mo., age 44. Paralysis agitans involving upper and lower extremities. Nearly unable to walk without assistance. Unable to sign his name. Nine drops twice a day 40 days. Two weeks later his legs were perfectly normal and his arms were normal, except an occasional fine tremor. He can write now perfectly. Senility greatly benefited. Treated 11 months ago; no return.

C. Ely, Milan, Mo., age 59. Hemiplegia following apoplexy. No use of right arm. Seven drops twice a day 50 days. He is completely cured and the atrophy of arm from disuse has disappeared.

J. M. Pound, Purdin, Mo., age 49. Chronic gastritis, cardiac neurosis, insomnia and severe asthenia and emaciation. Nine drops twice a day 30 days. One week later he was entirely free from symptoms, slept well and heart was normal. He gained greatly in strength and slightly in weight.

Mrs. F. M. Evbanks, Milan, Mo., age 50 years. Chronic articular rheumatism. Knee-joints completely ankylosed, wrists stiff and deformed. Severe pain and tenderness. Ten drops twice a day 30 days. Able to walk without cane, knee-joints greatly improved, wrists improved, no pain and many bony overgrowths reduced in size. Progressive improvement since treatment.

Mrs. J. H. Smith, Milan, Mo., age 51 years. Dilatation of heart and severe anæmia. Seven drops twice a day 30 days. Two weeks later heart was practically normal, and anæmia was greatly benefited. No subjective symptoms remain.

Rev. F. Bane, Baptist minister, Green City, Mo., age 46. Insanity (melancholia and confusion), mitral insufficiency with heart exhaustion and severe asthenia. Ten drops twice a day for 45 days. The result was little short of a miracle. His mind became normal, he resumed his ministerial work, his heart became compensated, and his strength and general health were wonderfully improved.

Addison Payne, Milan, Mo., age 68 years. Hemiplegia following apoplexy. Nine drops twice a day for 35 days. Three weeks later his left side was normal in size and strength, and he was completely cured. Effects of senility largely removed.

Mrs. B. Riley, Purdin, Mo., age 35 years. Paralysis of one arm and leg following multiple neuritis, complicated with obstinate constipation and internal hemorrhoids. Seven drops twice a day 30 days. Paralysis greatly benefited. Constipation and hemorrhoids cured.

Rev. W. H. Crawford, Milan, Mo., age 55 years. Atrophic cirrhosis of liver with congested and dilated stomach, moderate ascites and nerve exhaustion. Eight drops twice a day 55 days. Liver unchanged in size, but all symptoms in stomach, skin and also ascites removed. He gained a great deal in strength and endurance. No return.

Miss L. Matthews, Purdin, Mo., age 25 years. Pulmonary tuberculosis of left apex. Eight drops twice a day 45 days. Completely cured. All subjective and objective symptoms disappeared. Five months later had gained 20 pounds and was in perfect health.

J. S. Clark, Purdin, Mo. Chronic bronchitis of over 16 months' duration. Eight drops twice a day 30 days. Completely cured.

W. R. Bebout, Green City, Mo., age 63 years. Chronic interstitial nephritis. Ten drops twice a day 45 days. Uræmic and heart symptoms removed, and urine is nearly normal; occasionally a trace of albumin and a few hyaline casts appear. He was treated over five months ago, and has continued to gain in strength and health ever since, his only nephritic symptom being the occasional urinary change.

J. Goffey, Green City, Mo., age 25 years. Dilated stomach and severe anæmia. Nine drops twice a day 25 days. His stomach became entirely normal one week after treatment was suspended. His anæmic symptoms are all removed and his pale color, dyspnœa, and bodily weakness have been replaced by a healthy complexion and greatly increased vigor.

Clark Powell, Pollock, Mo., age 70 years. Chronic neuralgia of brachial plexus and nerve and intercostal nerves, very severe and long duration. Extreme weakness of legs, with dyspnœa and heart fatigue from arterial sclerosis. Eight drops for 60 treatments. Neuralgia completely cured and symptoms of arterial sclerosis greatly improved. He says he feels 10 years younger, and he certainly looks it.

SOCIETY PROCEEDINGS.

REPORT OF THE MEETING OF PHYSICIANS USING THE ROBERTS' LYMPH TREATMENT, HELD IN NEW YORK CITY, SEPTEMBER 30, 1899.

At the conclusion of a dinner given in Rector's banquet hall, Forty-fourth street and Broadway, Dr. Joseph R. Hawley called the meeting to order. There were twenty-eight physicians present.

Papers were read on the various features of the Lymph treatment as follows (papers published in this issue) :

A Demonstration of the Roberts Theory of Animal Therapy, by Dr. Joseph R. Hawley of Chicago. Clinical results with the Roberts and Roberts-Hawley Lymphs, by Dr. O. K. Thompson of Detroit. My Opinion of the Roberts Lymph and the Method of Its Introduction, by Dr. Frederick C. Holden of Brooklyn. Clinical Results with the Roberts Lymph Compound and Demonstration of Two Cases, by Dr. J. H. Keenan of Elizabeth, New Jersey. Clinical Results with the Roberts-Hawley Lymphs (read by the chairman), by Dr. Richard Lull of Chicago. General Discussion.

Dr. Hawley then described the formulas, action and uses of the new Roberts-Hawley Lymphs (published in this issue). He then described the principles involved in the method of preparation of the Roberts Lymph Compound, and offered to make known the exact details of this method of preparation if all the doctors using the Lymph consented. Those present unanimously voted that the publication of the details of the method would greatly endanger the success of the therapy, and that these details should be known only to the originators and their assistants, at least until the present complicated method could be simplified.

It was unanimously voted to organize a medical society, the membership to be made up of the physicians using the Roberts Lymph treatment; that no dues should be asked, and that meetings should take place at least twice a year. Each meeting will be preceded by a banquet.

Dr. R. W. Steger of New York was elected president, and Dr. Frederick C. Holden of Brooklyn was elected secretary. Officers to be elected each year.

It was unanimously voted to publish a medical journal for the advancement of our new animal therapy. Dr. Joseph R. Hawley was elected editor. The journal to be furnished the physicians using the treatment free of charge.

Methods of securing patients, courtesies to be offered the profession and the management of institutes were the topics debated in the general discussion. A vote of thanks was extended to the management, for the banquet and general success of the meeting.

Adjourned to meet six months from date, unless an earlier meeting should be requested by a majority of the members.

FREDERICK C. HOLDEN, M. D., Secretary,
34 Plaza street, Brooklyn, N. Y.

Suggestions in Diagnosis and Treatment of Diseases Treated by the New Animal Therapy.

By the MEDICAL DIRECTOR.

[Hereafter contributions for this department will be solicited from doctors using the Lymph.]

Chronic Parenchymatous Nephritis. A fatty degeneration of the parenchyma of the kidney, complicated in the second stage with interstitial changes. Indications for treatment: (1) Limit or abort the fatty degeneration; (2) prevent acute exacerbations; (3) limit the excessive loss of albumin; (4) prevent uræmia and dropsy, and treat them actively when they are present; (5) prevent interstitial changes in first stage and remove or limit them in the second.

Fatty degeneration is caused by changes in quantity and quality of the blood, or impairment of cell function and vitality; therefore, the indications are: (1) To improve quality of blood by proper diet, improving digestion, fresh air and blood tonics, such as ferratin and pepto-mangan; (2) to increase quantity of blood in kidney by stimulating a weak heart, removing obstructions, free use of diluents, and preventing congestion; (3) to improve cell vitality and function by preventing use of irritants, such as alcohol, and auto-irritation, such as indigestion products and fever, and by stimulating cell life with the Lymph, which also improves quality and quantity of the blood. Prevent acute exacerbations by proper clothing, avoiding temperature changes, especially damp cold; also avoid renal irritants and kidney congestion. Limit drain on system caused by loss of albumin when excessive, by dietetic precautions and large doses of lactate of strontium until loss is reduced. Prevent uræmia by having patients themselves take specific gravity of 24-hour specimens and provoke free catharsis when the specific gravity falls below the average; by proper attention to diet, exercise and elimination, and by exciting brisk elimination when excretion of urea is materially lowered. Patients with chronic uræmia should exercise very little and should rest absolutely when an acute outbreak is threatened. The prevention of dropsy is similar to the above and physical rest is enjoined when it is present. The Lymph usually prevents these symptoms, owing to its diaphoretic action, its increasing urinary solids, urea, etc., and its improving the nutrition of blood vessels. Hydrogogue cathartics are therefore most frequently needed. Hot air sweats and free use of distilled water are usually sufficient for skin and kidneys when the Lymph's action needs further assistance. When excessive dropsy is present at the beginning of treatment, it should always be removed mechanically. The Lymph will usually remove moderate dropsy unassisted. The only assistance the Lymph needs in severe chronic uræmia, in addition to a careful diet, chiefly milk, and absolute rest, is the daily injection of a pint of normal salt solution under the skin. It will usually remove milder uræmia with no assistance other than diet and rest. The Lymph needs no assistance in preventing intestinal changes other than using every precaution to prevent renal irritation or congestion. The

Lymph more surely limits or lessens interstitial changes when they are the primary kidney lesion.

General Suggestions in Treatment of Chronic Nephritis.

1. When using a non-albuminous diet, always begin to add albuminous foods when patient continues to lose flesh or to become more anæmic or to lose strength or to have the dropsy increase.
2. Avoid indigestion not only because it lowers nutrition, but also because the products of indigestion irritate cell life and are toxic, encouraging uræmia. When milk curds are passed in stool, peptonize at once if proper dilution does not prevent the indigestion.
3. In using a milk diet for any length of time dilute the milk with one-third of lime water if diarrhœa is present, one-third of milk of magnesia if constipation is present, and carbonated waters when bowels are normal.
4. Except when dropsy is very persistent always prescribe at least one glass of pure water (aq. dist. preferred) every hour.
5. Never attempt to remove large dropsies by other than mechanical means, for they contain waste products which may excite uræmia if thrown into blood by stimulating channels of elimination.
6. Do not use digitalis in full doses when interstitial nephritis is complicated with arterial sclerosis, for it contracts blood vessels, raises pressure and thus endangers apoplexy. Strophanthus should be selected in these conditions.
7. Respiratory gymnastics for five to ten minutes each hour in the day are strongly indicated in the anæmia of kidney diseases.
8. All kidney cases should take daily friction, baths at night, should exercise very moderately and not at all when dropsy or chronic uræmia is present, and should take hot air sweats each week unless contraindicated.
9. The most important indications in interstitial nephritis are to limit or remove interstitial changes, and, in first stage to prevent cardiac dilatation, in the third, cardiac exhaustion, and in all stages, apoplexy and uræmia. The Lymph meets all these indications and usually needs very little assistance.
10. The persistent absence of albumin in the urine does not exclude kidney disease, for it is commonly absent in the first stage of chronic interstitial nephritis, and is characteristically absent in "non-albuminuric nephritis." Casts, especially hyaline, must be patiently and repeatedly searched for. Fatty casts and cells are pathognomonic of chronic parenchymatous nephritis. Indications for assisting the Lymph in chronic nephritis must be chiefly determined by frequent quantitative tests for urea.

Jaundice, Interpretation of:—Hæmatogenous, caused by liver not removing bilirubin (product of blood destruction) from blood, occurs (1) in diseases of liver interfering with function of liver cells, e. g., acute yellow atrophy; (2) in diseases causing excessive blood destruction, e. g., acute anæmia, malaria, toxæmia. Differentiated from hepatogenous obstructive jaundice by the presence of the cause, more rapid onset, severer constitutional symptoms, lighter icterus, mental and nervous symptoms, normal stools and urine contains little or no bile pigment.

Interpretation of hepatogenous jaundice (obstruction of small or large bile ducts).

1. Do not confuse with Addison's disease, Vagabond disease and certain Races.

2. Jaundice from obstruction outside of ducts and liver, recognized by slow onset, chronicity except in pregnancy and fecal impaction, painless, severe degree, pale stools, and presence of cause, which may be cancer of pancreas (commonest), fecal impaction, enlarged glands, aortic aneurism (rare), pregnancy, or tumor of stomach, right kidney, omentum or liver.

3. Obstruction inside larger ducts, by sudden onset (usually) gastric disturbance; if caused by adhesions of suppurations, chronic and history of gall stones; if by catarrhal duodenitis (commonest), acute and moderate fever; if by cancer, chronic cachexia, etc.; if by gall stones, sudden onset, pain and history.

4. Obstruction in smaller ducts in liver, by mild jaundice, colored stools, temperature often periodical, and presence of liver disease.

5. Obstruction usually in common duct when feces colorless and gall bladder distended. Obstruction usually in hepatic duct when feces colored and gall bladder normal.

6. The paler the feces, the larger the amount of pigment in urine, and the more intense the jaundice, the greater the assurance that obstruction is outside the liver.

7. Most acute, marked and uncomplicated jaundices are due to catarrhal duodenitis obstructing common duct.

8. Most jaundices in women attended with pain near gall bladder, are due to gall stones. Positive if history of biliary colic. Gall stones obstruct by causing adhesive or suppurative inflammation, as well as mechanically themselves.

9. Mild chronic jaundice indicates the following diseases:

(a) Atrophic cirrhosis, jaundice not marked and may be absent, with caput Medusæ, ascites, gastritis, anasarca and diminished liver dullness.

(b) Hypertrophic cirrhosis, jaundice more marked in degree always present, with enlarged hardened liver, history of obstruction of bile ducts, asthenia, temperature, and chronic course.

(c) Cancer, jaundice not deep and may be absent, with cachexia, enlarged irregular tender liver (rarely atrophic).

(d) Congestion, jaundice very mild, with presence of cause for congestion, mild painless enlargement, and functional liver disturbances.

(e) Syphilis, jaundice very mild, a sub icterus, not constant, with history and evidence of the disease, peculiar cachexia, no history of cancer, if liver enlarged it is irregular, may be smaller, extreme gastric disturbances and often low fever.

In Weil's disease there is mild acute jaundice, with splenic tumor, acute nephritis, enlarged liver, temperature,—duration about ten days.

Blood Findings in the Anæmias.

Secondary	{ r. b. c.	Diminished.	Hb. Diminished.
or	{ w. b. c.	Normal or slightly diminished, and may be increased in acute inf. diseases.	
Symptomatic.	{ r. b. c.	Dim. and pale.	Hb. Greatly diminished.
Chlorosis...	{ w. b. c.	May be slightly inc., but are usually normal.	
Hodgkin's	{ r. b. c.	Diminished and progressively.	Hb. Diminished.
Disease.	{ w. b. c.	Normal in majority of cases; moderately inc. in minority of cases.	

Splenic Anæmia.	{ Same as in Hodgkin's disease, except less oligocythæmia.
Pernicious Anæmia.	{ r. b. c. Dim. greatly and destroyed; shape altered. Hb. Lowered but relatively increased. w. b. c. Slightly diminished. r. b. c. and Hb. Slightly diminished.
Leukæmia..	{ w. b. c. Great inc. from 1 to 400, of r. b. c. to 1 to 30, or 1 to 3. Color of blood, pale white, coagulates slowly, specific grav. and alkalinity diminished. In leucocytosis the increase of w. b. c. is less marked than in leukæmia, affecting solely the polynuclear neutrophilic leucocytes.

Interpretation of Pain Over the Heart.

Angina Pectoris: Duration 60 to 90 seconds, sudden, paroxysmal, intense feeling of constriction, pain radiates to arms. Pulse normal, except increased tension. Respiration shallow. Occurs in people over 40, with myocarditis, arterial sclerosis or aortic disease.

Myocarditis: Dull anginoid pains, usually following exertion, on either side of sternum, lasting several minutes. In people over 50, with arterial sclerosis.

Intercostal Neuralgia: Occurs in three lines, viz.: sternal, midaxillary and vertebral. Pain usually sharp, paroxysmal, nerves tender. Patients usually neurasthenic or anæmic.

Muscular Rheumatism: Contraction of muscle and respirations painful. Pain relieved by firm pressure of whole hand. Muscles tender on light pressure. Duration several days.

Pleurodynia (neuralgia of pleural nerves): Generalized pain increased by deep pressure with finger tips and relieved by firm pressure of both hands. Respirations more painful.

Pleurisy: Localized. Friction sounds at first; later may be signs of fluid and relief of pain. Cough, temperature, and respirations restricted and very painful. Pain more severe. Often tubercular history. Longer duration.

Periostitis: Local bone tenderness and may be fluctuation. Rib joints usually involved. Caused by aneurism, injuries, syphilis, typhoid fever and local inflammation.

Abscess: Between pericardium and thorax. Very rare. Always tubercular or mechanical. Bulging area and physical signs.

Gastro-intestinal: Gas in stomach or in transverse colon, where it joins descending colon. Gastralgia and gastric ulcer.

Pericarditis: Radiates from left side of sternum to left shoulder and arm. Paroxysmal. Increased by movement, pressure and action of diaphragm. Attitude of patient and physical signs. A to-and-fro friction sound, both systolic and diastolic, increased by pressure of stethoscope. Followed by effusion usually.

Ulcerative Aortitis: Presence of atheroma. Paroxysmal pain, which is like angina. It extends over aorta, sternum and vertebræ. Sharp and severe, lasting several minutes. History of syphilis, gout, rheumatism or alcoholism. Probably, a neuralgia.

Locomotor Ataxia Crises: Extremely severe, periodical and of brief duration usually. Symptoms of tabes.

Aneurism of Aorta: A dull, severe aching over sternum or rib, increased by exertion, diminished by rest and position. If pressure on bone is present

the pain is boring and lancinating, localized. Presence of tumor or expansile pulsation, pressure symptoms and systolic murmurs with a diastolic shock. History of syphilis usually, or of over-exertion, alcoholism or gout. Presence of arterial sclerosis usually. Pressure symptoms vary according to its location on ascending, transverse or descending aorta. Tracheal tugging.

Valvular Heart Disease: Very rare. May occur in aortic stenosis.

Hysteria: Very common symptom, especially if a cardiac neurosis is present. Almost always accompanied with irregular areas of anæsthesia or hyperæsthesia over front of chest, which change from day to day. Diminished lateral field of vision and alteration of the color test (red and blue).

Important Points in Using the Lymphs.

1. As in general practice the more strictly you adhere to honest and candid methods of prognosis, the more surely will you advance your own interests and those of the cause you serve.
2. Never begin treatment until you have recorded and explained to the patient the results of a complete physical examination.
3. Do not hesitate to prescribe a different quality or even quantity of the foods described in the regular list, when the disease or idiosyncrasy of the patient contraindicates such a diet.
4. Always give your patients written instructions regarding diet, exercise, habits and hygiene, and do not fail to record disobedience of these instructions.
5. The average dose of Lymph for disease treated should usually be reached on the evening of the third day, and should not be raised or lowered without clear indications.
6. The average dose of Lymph is 8 minims, but 10 and 12 minim doses are frequently required, though a lower dose is more often efficient.
7. The symptoms of over-dosage have been clearly defined and should not be confused with intercurrent symptoms of disease or functional derangement. The symptoms of over-dosage are solely as follows: flushing of face, "fullness" of head, formications of extremities, nervousness, tachycardia and a feeling of weakness more subjective than real.
8. The best synergists of the treatment are non-medicinal, such as hygiene, manipulation, proper rest or moderate exercise, fresh air, calisthenics, free use of diluents, especially distilled water, friction baths or dry shampoos for increasing elimination by the skin, nutritive, easily digested foods, the avoidance of alcohol, tobacco and sexual excesses, absolute avoidance of constipation and excessive or rapid eating. When drugs are used be sure that they are clearly indicated and compatible, and not used after the indication is removed.
9. Remember that the regular adjuvant given by the mouth contains goat's blood and an extract from the contents of the beaver's prepuccial glands, flavored with bitters and aromatics, and that its dose should be lowered or dispensed with when the patient's stomach is in, or provoked to a state of irritability.
10. Patients should always be told that no arbitrary limit can be established for the time required to cure or greatly benefit any particular disease by any known system of treatment, and therefore they should be treated by the week or month.
11. Do not fail to keep the Medical Director thoroughly informed of the exact condition of your patients, so that he may, if necessary, furnish you desirable information. Reports should be made at least every ten days.

DIABETES MELLITUS.

"A derangement of the glycogenic function of the liver, characterized by the occurrence of glucose in the urine, with marked increase of the secretion."

Urinary Changes. (a) Amount, usually greatly increased, 10 to 40 pints in 24 hours. In rare instances may be decreased, 1 to 2 pints in 24 hours. Cases recorded as low as 9 oz. in 24 hours. (b) Specific gravity increased, 1025 to 1050, even higher. In exceptional cases it may be lower than 1025; hence the custom of not testing for sugar in lower specific gravity is unsafe. (c) Pale color, sweetish acetous odor, acid reaction. (d) Sugar. Trommer's test most useful, but it is very often improperly carried out. If albumin is present, always filter it out before testing for sugar. (1) Add two drachms of a ten-per cent solution of potas. hydroxide to same amount of urine. Always use a twenty-four hour specimen. (2) Then add a ten-per cent. sol. of copper sulphate, by filling an eye dropper with the copper solution and adding it drop by drop. Do not use too much copper solution. (3) Shake the test tube after each drop of copper sulphate solution is added. If sugar is present, the precipitate formed by the first drops of copper sulphate sol. will be redissolved on shaking, leaving a clear blue color. This is not sufficient, however, and the copper sol. must be added until the precipitate no longer dissolves. (4) Now boil the urine with the precipitate, and if a yellow or yellowish red precipitate forms, sugar is positively present. Never prolong the boiling. If phosphates are present in excess it is wise to filter them out before testing for sugar; always make a quantitative test for sugar.

(e) Acetone and diacetic acid. These must always be tested for from time to time, as the presence of one or both is indicative of threatened coma.

Acetone. Add to two drachms of urine a few drops of a fifty-per cent sol. of potas. hydroxide. Add a few drops of a sol. of sodium nitro prusside. This gives a red color which soon disappears. Then add about six drops of con. acetic acid, which will cause a purple or violet red color to appear if acetone is present.

Diacetic acid. To two drachms of urine add a few drops of ferric chloride solution. A burgundy red color indicates diacetic acid. If a precipitate of phosphate is present, add enough of the ferric sol. to overcome and dissolve the precipitate.

Diabetic Coma. Common in advanced or severe cases. "May be provoked by medication to stop flow of urine, per se, or by intercurrent disease." Preceded by acetonurea and odor of chloroform in breath and urine. Over physical exertion may cause it. Symptoms.—Rapid or slow loss of consciousness, eyes half open and eye balls wander, pupils dilated. Rapid respirations or dyspnoea with a deep and slow inspiration, and a short expiration. Cyanosis may occur. Pulse soft and rapid, with a sub normal temperature. Diarrhoea and enuresis common. Patient's muscles are relaxed. Average duration of life forty hours. Coma may be more chronic lasting for several days with symptoms of distended belly, vomiting, acetous odor and dyspnoea. The above symptoms differentiate it from apoplexy, uræmia and cardiac collapse.

Prognosis.

Favorable points.

Early diagnosis and treatment.

Good family history.

Over thirty years of age in a gouty obese, phlegmatic individual.

Small amount of sugar, especially if occasionally absent.

Syphilitic origin.

Good habits and presence of sexual power.

Unfavorable points.

In young patients before twenty-fifth year.

Organic brain or cord disease.

Disease of pancreas.

Presence of acetone, diacetic or oxybutyric acid in the urine.

Tubercular history.

Organic complications if severe.

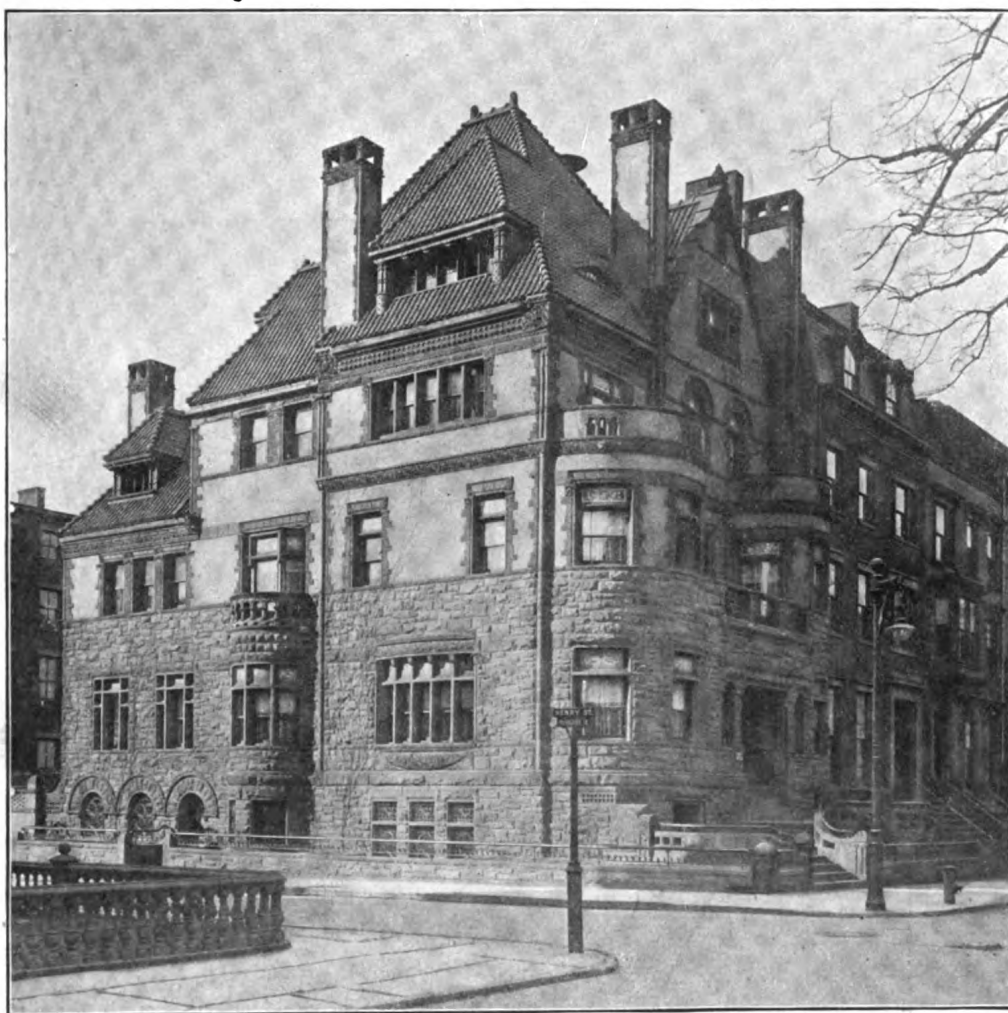
Poor environments, especially if necessary to continue sedentary habits.

Anæmia, if marked.

These points are based on supposition that the Lymph treatment is used.

It has so far completely cured 50 per cent of all cases, greatly benefited 35 per cent, and moderately benefited the balance.

The Roberts-Hawley Special Lymph should be used in five to nine drop doses twice a day for eighty days, with a diabetic diet. Use strychnine and ferratin instead of adjuvant. The rules of hygiene, etc., must be strictly enforced.



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OFFICE HOURS:
8 to 12 a. m.
4 to 7 p. m.

This magnificent building is most admirably arranged for the purpose of administering the Lymphs in a scientific manner. In furnishing the institute we have provided all the comforts of a home and the equipment necessary for securing the best possible results with the new treatments. It is not a hospital, but a home. The location of the building is ideal from a sanitary standpoint.

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Discover of the Lymph-Compound Treatment.

